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MEDICAL MARIJUANA STATE OPERATING LICENSE

APPLICATION INSTRUCTION BOOKLET





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Application and Disclosure Form Authorization

The application is authorized under Public Act 281 of 2016, the Medical Marijuana Facilities Licensing Act (MMFLA). Failure to provide information as requested in the application could delay the processing of the application. The applicant should respond to the questions and provide supplemental documentation to the best of his/her knowledge. Any misrepresentation or omission may be grounds for application delay or denial.

An applicant may claim any privilege afforded by the Constitution or laws of the United States or of the State of Michigan in refusing to answer questions or provide information requested by the Michigan Regulatory Agency (Agency). However, a claim of privilege with respect to any testimony or evidence pertaining to eligibility, qualifications, or suitability of an applicant to be granted or hold a license under the act and rules may constitute cause for denial, suspension, revocation, or restriction of a state operating license.

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. Note: The Agency, in its discretion, may also require the applicant to furnish additional information or complete and submit additional forms.

Application Process

Definitions for terms used in this instruction booklet are in the glossary at the end of this booklet.

The chart below describes each of the state operating license types:

License Type	Description of License
Grower Class A	Grower license for 500 marijuana plants
Grower Class B	Grower license for 1,000 marijuana plants
Grower Class C	Grower license for 1,500 marijuana plants
Processor	License authorizes purchase of marijuana from a grower and sale of infused-products or marijuana to a provisioning center.
Secure Transporter	License authorizes storage and transportation of marijuana and associated money between facilities.
Provisioning Center	License authorizes the sale of marijuana to a registered qualifying patient or registered primary caregiver.
Safety Compliance Facility	License authorizes the facility to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility or registered primary caregiver.

See MCL § 333.27501 - § 333.27505.

The Agency is utilizing a two-step application process for state operating licenses in Michigan. The two-step process consists of prequalification and facility licensing. This process will allow applicants to begin the application process while still seeking a location for the proposed marijuana facility. Applicants with identified proposed locations may also submit step one and step two materials at the same time.

The first step in this application process called “prequalification,” encompasses a full background investigation of the applicant and all supplemental applicants. The entity or individual seeking a state operating license will complete the Applicant Entity Prequalification Application (AEPA) or Sole Proprietor Prequalification Application (SPPA). The supplemental applicants will complete the Supplemental Entity Prequalification Application (SEPA) and/or the Supplemental Individual Prequalification Application (SIPA). Those persons will be further identified in this instruction booklet.



Processing of the prequalification applications will not begin until all AEPA/SPPA and SEPA/SIPA documents, applicable supporting documentation, and payment of a nonrefundable application fee are received by the Agency.

The second step in the application process is called “facility licensing.” In the Facility Licensing Application (FLA), the applicant will identify the specific facility for which they are applying (grower, processor, secure transporter, provisioning center, or safety compliance facility) and provide information specific to the license sought.

Note: Each license is exclusive to the license type issued and to the licensee. The attempted transfer, sale or other conveyance of an interest without Agency approval is grounds for suspension, revocation or other appropriate sanction. *See* MCL § 333.27406.

Fees

The MMFLA authorizes the Agency to collect two separate fees: an (1) application fee and a (2) regulatory assessment.

(1) Application Fee

The application fee is a non-refundable, state-level fee of \$6,000.00 paid at the time of filing to defray the costs associated with the background investigations and fingerprint processing. The application fee must be paid before the application can be processed.

(2) Regulatory Assessment

The regulatory assessment is an annual, nonrefundable, state-level fee. This fee offsets the Agency’s annual operational costs to implement, administer, and enforce the MMFLA as well as the expenses of medical-marijuana-related services provided by the department of attorney general, the department of state police, and the department of treasury. The regulatory assessment also covers support costs of the statewide monitoring system and provides \$500,000.00 annually toward licensing substance abuse disorder programs, as required by statute.

Note: Additional information regarding the regulatory assessment can be found here: www.michigan.gov/mmfl

The regulatory assessment must be paid before a license can be issued. Applicants who are applying for more than one type of state operating license must pay a separate regulatory assessment for each license type prior to issuance of each license.

Payments are accepted in the following ways: cash, check (e.g. money order, cashier’s check, e-check etc.), as well as credit and debit card (Visa, MasterCard, and Discover). Note, checks must be made payable to the “State of Michigan.”



Submitting the Application

The application for a state operating license may be submitted three ways: (1) in person, (2) by mail, or (3) via the online platform Accela Citizens Access (ACA).

(1) In Person

The application may be submitted in person at the following address:

2407 North Grand River Avenue
Lansing, MI 48906

The Agency does not accept the following items when submitting your application in person: USB flash drives, binders, paper or binder clips, staples, containers and folders (e.g. accordion, manila, etc.). Please note, if USB flash drives are submitted, they will not be reviewed or processed.

(2) By Mail

The application may be submitted by mail to the following address:

Marijuana Regulatory Agency
Medical Facility Licensing
P.O. Box 30205
Lansing, MI 48909

The Agency does not accept the following items when submitting your application by mail: USB flash drives, binders, paper or binder clips, staples, containers and folders (e.g. accordion, manila, etc.). Please note, if USB flash drives are submitted, they will not be reviewed or processed.

(3) Accela Citizens Access

The application may be submitted online at the following web address: <https://aca3.accela.com/MIMM>

Note, there is not an online application. The online platform ACA is used to submit all application documents. Documents required for this application may be found on the Applications and Forms page at this link: www.michigan.gov/mmfl

An application is not complete without submission of all required documents.

If the applicant completed and submitted all forms and supporting documents in ACA, it is not necessary to submit a paper application in person or via US Mail.

Please see “General Instructions for Completing and Submitting Application Documents” for further instructions (pg. 10)

Online Application Submission - Creating a User Account

Anyone can create an online user account in Accela Citizen Access (ACA). The account will be used for email and online correspondence with applicants and supplemental applicants throughout the application process, during licensure, and during renewals.

Once the user account is created, it can be used to login immediately. Be sure to retain your login information in a safe place in case it is needed for the user’s future reference.

Note to Applicant ACA Users


When filling out information regarding individuals/entities, it is important to use the correct contact information for the individuals/entities (e.g., email address, last name, first name, etc.) to aid in the efficient processing of the application.

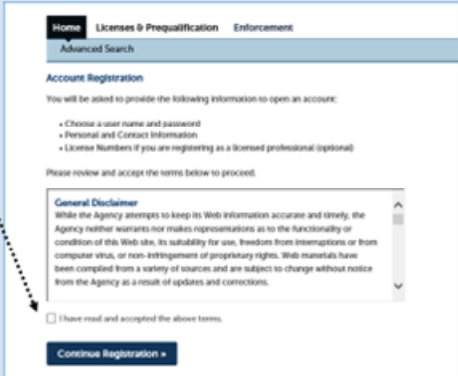
Creating an account can be done by following the process below:

Creating a User Profile

Registering

- ❑ Click "Register for an Account" to create an online profile for application completion
- ❑ Check the box to agree to the General Disclaimer and click "Continue Registration"





Creating a User Profile

Registering

You will be able to select whether the business is an individual or an organization

Information Required:

- Business Name
- Valid Email Address
- Valid Mailing Address
- Password
- Security Question
- Answer

Select a Contact Type – Individual or Organization

Quick Context:
Make sure to save your information for future login use

Functionality Note:
Click here to add a mailing address and contact information for the individual or organization



Select Contact Type

Type:
--Select--

Continue Discard Changes



Home Licenses & Prequalification Enforcement

Advanced Search

Account Registration Step 2:
Enter/Confirm Your Account Information

Login Information

Enter your User Name and Password. You must also enter a unique email address.

*User Name:

*E-mail Address:

*Password:

Account Settings Requirements

*Type Password Again:

*Enter Security Question:

*Answer:

Contact Information

Please select whether you are registering as an individual or as an organization (Business) and enter your contact information.

Add New

Creating a User Profile

Registering

Enter Contact Info

- Enter as much information as possible. (* field is required)
- A contact address is required as well. (Ensure you click "Add Additional Contact Address")
- Enter Home, Mailing or Physical Address
- If there are separate addresses, you can click "Save and Add Another. Otherwise click "Save and Close"



Contact Information

Contact Address Information

*Address Type:
--Select--

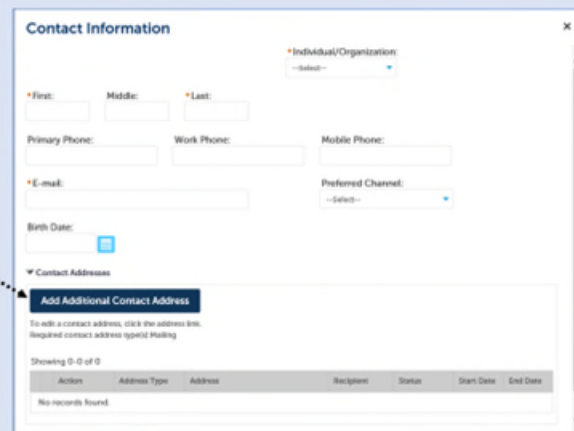
*Country/Region:
--Select--

*Address Line 1:

Address Line 2:

*City: State: ZIP Code:

Save and Close Save and Add Another Close Discard Changes



Contact Information

*Individual/Organization:
--Select--

*First: Middle: Last:

Primary Phone: Work Phone: Mobile Phone:

*E-mail: Preferred Channel:
--Select--

Birth Date:

Contact Addresses

Add Additional Contact Address

To add a contact address, click the address link. Required contact address type(s) Pending

Showing 0-0 of 0

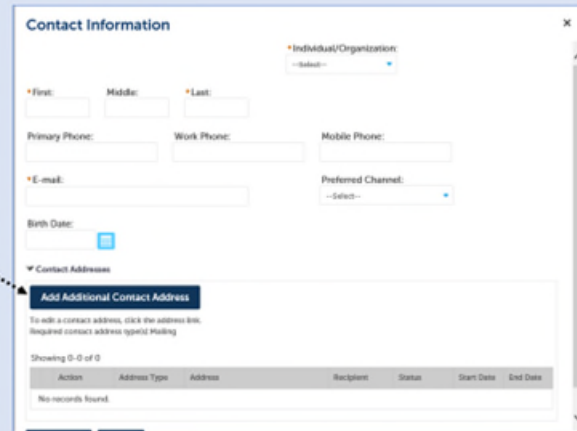
Action	Address Type	Address	Recipient	Status	Start Date	End Date
No records found.						

Creating a User Profile

Registering

Enter Contact Info

- ❑ Enter as much information as possible. (* field is required)
- ❑ A contact address is required as well. (Ensure you click "Add Additional Contact Address")
- ❑ Enter Home, Mailing or Physical Address
- ❑ If there are separate addresses, you can click "Save and Add Another. Otherwise click "Save and Close"



General Instructions for Completing and Submitting Application Documents

All supporting documentation (e.g. bank/financial statements, tax returns, criminal history documents, etc.) should remain separate from the application.

Addendums should be submitted separately from the application. The related addendums are required to be used if additional pages are necessary for the required information. If the related addendums are not needed, do not submit blank addendum pages.

Completely answer all questions. If a question is not applicable, check the appropriate box or write “N/A” in the space provided. **Use BLUE or BLACK ink ONLY and print clearly.**

All signatures must be handwritten signatures. An electronic signature is not sufficient.

Make a copy of your completed AEPA, SPPA, SEPA, SIPA, FLA, and all supporting documentation before you send it to the Agency. **Once it is in the Agency’s possession, it cannot be returned or copied for you.**

Do not submit password protected documents as they will not be accepted.

The most current forms must be completed. Submission of outdated forms will delay the processing of your application. If you are not sure the application is the most current form, please check our website at www.michigan.gov/mmfl, or contact the Agency at (517) 284-8599.



Uploading Documents to Accela (ACA):

1. Please refer to the following tables provided for instructions on naming and uploading application documents.
 - a. Failure to follow the naming instructions can cause delays in the processing of the application
2. Supporting Documentation
 - a. Bank/Financial Statements
 - i. Keep accounts separate, and in chronological order – oldest to most recent
 - ii. Name each account by financial institution name and last four account numbers.
Example: Bank of Oz #4532
 - iii. Joint accounts may be uploaded to one account holder
 1. Choose one account holder and upload all joint accounts to that person's ACA account
 2. For paper submissions, submit only one copy of each joint account
 - b. Income Tax Returns
 - i. Submit each tax year separately
 1. Federal return followed by the state return
 - ii. Joint tax returns may be uploaded to one taxpayer
 1. Choose one taxpayer and upload all joint tax returns to that person's ACA account
 2. For paper submissions, submit only one copy of each joint tax return

Table 1: Entity Application Documents

Naming Convention Documents Uploaded to ACA	Type of Documents	Document Name	Category Assignment of the Document in ACA
Applicant Entity Prequalification Application Packet	Applicant Entity Prequalification Application: <ul style="list-style-type: none"> ▪ Checklist ▪ Demographics ▪ Attestations ▪ Demographics 	<ul style="list-style-type: none"> ▪ AEPA *Please note, all documents should be uploaded as one PDF	<ul style="list-style-type: none"> ▪ AEPA
Supplemental Entity Prequalification Application Packet	Supplement Entity Prequalification Application Packet <ul style="list-style-type: none"> ▪ Checklist ▪ Demographics ▪ Attestations ▪ Demographics 	<ul style="list-style-type: none"> ▪ SEPA *Please note, all business documents should be uploaded as one PDF	<ul style="list-style-type: none"> ▪ SEPA
Disclosure 1	<ul style="list-style-type: none"> ▪ Articles of Incorporation/Organization ▪ By Laws ▪ Operating Agreement ▪ Cert. of Good Standing ▪ Trademark/Insignia Documents ▪ Certificate of Assumed Name 	<ul style="list-style-type: none"> ▪ Official Business Documents *Please note, all business documents should be uploaded as one PDF	<ul style="list-style-type: none"> ▪ Official Business Documents
Disclosure 3A	<ul style="list-style-type: none"> ▪ CPA Attestation 	<ul style="list-style-type: none"> ▪ CPA Attestation 	<ul style="list-style-type: none"> ▪ CPA Attestation
	<ul style="list-style-type: none"> ▪ Monthly or Quarterly Account Statements 	<ul style="list-style-type: none"> ▪ Institution Name – Last 4 digits of the account number *e.g. Bank of Oz - 1234	<ul style="list-style-type: none"> ▪ Bank/Financial Documents
Disclosure 3B	<ul style="list-style-type: none"> ▪ Real Property Documents 	<ul style="list-style-type: none"> ▪ Deed ▪ Lease Agreements ▪ Rental Agreement *The name of the document should reflect the type of real property document	<ul style="list-style-type: none"> ▪ Real Property Documentation
Disclosure 4	<ul style="list-style-type: none"> ▪ Debt, Insolvency, or Bankruptcy Order Documents ▪ Explanation of Debt, Insolvency, or Bankruptcy Order 	<ul style="list-style-type: none"> ▪ Debt Documents ▪ Insolvency Documents ▪ Bankruptcy Order Documents ▪ Explanation of Debt, Insolvency, or Bankruptcy Order 	<ul style="list-style-type: none"> ▪ Debt, Insolvency, or Bankruptcy Order Documents
Disclosure 5	<ul style="list-style-type: none"> ▪ Tax Returns for the Past Three Years ▪ Documents Related to Tax Liens and/or Tax Delinquencies ▪ Explanation of Tax Liens and/or Tax Delinquencies 	<ul style="list-style-type: none"> ▪ Tax Returns 	<ul style="list-style-type: none"> ▪ Tax Returns
		<ul style="list-style-type: none"> ▪ Tax Delinquency Documents ▪ Tax Lien Documents 	<ul style="list-style-type: none"> ▪ Tax Liability and Delinquency Documents
		<ul style="list-style-type: none"> ▪ Explanation of Tax Liens/Tax Delinquencies 	<ul style="list-style-type: none"> ▪ Tax Liability and Delinquency Documents
Disclosure 6	<ul style="list-style-type: none"> ▪ Copy of Any Commercial License ▪ Copy of Any Comparable License from Other Jurisdictions 	<ul style="list-style-type: none"> ▪ Regulation Documents 	<ul style="list-style-type: none"> ▪ Regulation Documents
Disclosure 8	<ul style="list-style-type: none"> ▪ Business Litigation Documents 	<ul style="list-style-type: none"> ▪ Litigation Documents 	<ul style="list-style-type: none"> ▪ Litigation Documents



Table 2: Individual Application Documents

Naming Convention Documents Uploaded to ACA	Type of Documents	Document Name	Category Assignment of the Document in ACA
Supplemental Individual Prequalification Application Packet	Supplemental Individual Prequalification Application: <ul style="list-style-type: none"> Checklist Demographics Attestations Demographics 	<ul style="list-style-type: none"> SIPA *Please note, all business documents should be uploaded as one PDF	<ul style="list-style-type: none"> SIPA
Sole Proprietor Prequalification Application Packet	Sole Proprietor Prequalification Application: <ul style="list-style-type: none"> Checklist Demographics Attestations Demographics 	<ul style="list-style-type: none"> SPPA *Please note, all business documents should be uploaded as one PDF	<ul style="list-style-type: none"> SPPA
Disclosure 1	<ul style="list-style-type: none"> "Doing Business As" Documents – Sole Proprietor Only 	<ul style="list-style-type: none"> Doing Business As Documents 	<ul style="list-style-type: none"> Official Business Documents
Disclosure 3A	<ul style="list-style-type: none"> CPA Attestation 	<ul style="list-style-type: none"> CPA Attestation 	<ul style="list-style-type: none"> CPA Attestation
	<ul style="list-style-type: none"> Monthly or Quarterly Account Statements 	<ul style="list-style-type: none"> Institution Name – Last 4 digits of the account number *e.g. Bank of Oz - 1234 	<ul style="list-style-type: none"> Bank/Financial Documents
Disclosure 3B	<ul style="list-style-type: none"> Real Property Documents 	<ul style="list-style-type: none"> Deed Lease Agreements Rental Agreement *The name of the document should reflect the type of real property document	<ul style="list-style-type: none"> Real Property Documentation
Disclosure 4	<ul style="list-style-type: none"> Debt, Insolvency, or Bankruptcy Order Documents Explanation of Debt, Insolvency, or Bankruptcy Order 	<ul style="list-style-type: none"> Debt Documents Insolvency Documents Bankruptcy Order Documents Explanation of Debt, Insolvency, or Bankruptcy Order 	<ul style="list-style-type: none"> Debt, Insolvency, or Bankruptcy Order Documents
Disclosure 5	<ul style="list-style-type: none"> Tax Returns for the Past Three Years Documents Related to Tax Liens and/or Tax Delinquencies Explanation of Tax Liens and/or Tax Delinquencies 	<ul style="list-style-type: none"> Tax Returns 	<ul style="list-style-type: none"> Tax Returns
		<ul style="list-style-type: none"> Tax Delinquency Documents Tax Lien Documents 	<ul style="list-style-type: none"> Tax Liability and Delinquency Documents
		<ul style="list-style-type: none"> Explanation of Tax Liens/Tax Delinquencies 	<ul style="list-style-type: none"> Tax Liability and Delinquency Documents
Disclosure 6	<ul style="list-style-type: none"> Copy of Any Commercial License Copy of Any Comparable License from Other Jurisdictions 	<ul style="list-style-type: none"> Regulation Documents 	<ul style="list-style-type: none"> Regulation Documents
Disclosure 7	<ul style="list-style-type: none"> Evidence of Charge/Dismissal/Conviction/Expungement Parole or Probation Information 	<ul style="list-style-type: none"> Criminal History Documents 	<ul style="list-style-type: none"> Criminal History Documents
Disclosure 8	<ul style="list-style-type: none"> Business Litigation Documents 	<ul style="list-style-type: none"> Litigation Documents 	<ul style="list-style-type: none"> Litigation Documents



Table 3: Facility Application Documents

Naming Convention Documents Uploaded to ACA	Type of Documents	Document Name	Category Assignment of the Document in ACA
Facility License Application	Facility License Application: <ul style="list-style-type: none"> Facility Demographics Attestation G Attestation H Attestation I Attestation J Consent to Publish Public Contact 	<ul style="list-style-type: none"> Facility License Application 	<ul style="list-style-type: none"> Facility License Application
Municipal Approval	<ul style="list-style-type: none"> Letter from municipality showing approval 	<ul style="list-style-type: none"> Municipal Approval 	<ul style="list-style-type: none"> Municipal Approval Notice
Certified Mail Receipt	<ul style="list-style-type: none"> Letter sent to the municipality to notify them of the applicant's Facility License Application, as well as the receipt. 	<ul style="list-style-type: none"> Certified Mail Receipt 	<ul style="list-style-type: none"> Certified Mail Receipt
Municipality Ordinance	<ul style="list-style-type: none"> Copy of the municipality's ordinance or resolution 	<ul style="list-style-type: none"> Municipality Ordinance 	<ul style="list-style-type: none"> Municipality Authorizing Ordinance/Resolution
Insurance Policy	<ul style="list-style-type: none"> Copy of the declarations page of the Insurance Policy 	<ul style="list-style-type: none"> Insurance Policy 	<ul style="list-style-type: none"> Insurance Policy, Bond, or Securities
Facility Plan	<ul style="list-style-type: none"> Marijuana Facility Plan Complying with Rule 8 	<ul style="list-style-type: none"> Facility Plan 	<ul style="list-style-type: none"> Marihuana Facility Plan
Technology Plan	<ul style="list-style-type: none"> 3rd party integrating software with METRC 	<ul style="list-style-type: none"> Technology Plan 	<ul style="list-style-type: none"> Technology Plan
Deed Or Lease Agreement	<ul style="list-style-type: none"> Real Property Documents for the facility location 	<ul style="list-style-type: none"> Deed Lease Agreement Rental Agreement <p>*The name of the document should reflect the type of real property document</p>	<ul style="list-style-type: none"> Deed or Lease agreement
Marketing Plan	<ul style="list-style-type: none"> Marketing Plan for the facility 	<ul style="list-style-type: none"> Marketing Plan 	<ul style="list-style-type: none"> Marketing Plan
Inventory & Recordkeeping Plan	<ul style="list-style-type: none"> Inventory & Recordkeeping Plan for the facility 	<ul style="list-style-type: none"> Inventory and Recordkeeping Plan 	<ul style="list-style-type: none"> Inventory and Recordkeeping Plan
Staffing Plan	<ul style="list-style-type: none"> Staffing Plan for the facility 	<ul style="list-style-type: none"> Staffing Plan 	<ul style="list-style-type: none"> Staffing Plan
Security Plan	<ul style="list-style-type: none"> Security Plan for the facility 	<ul style="list-style-type: none"> Security Plan 	<ul style="list-style-type: none"> Security Plan
Certificate of Occupancy	<ul style="list-style-type: none"> Certificate of Occupancy from the Municipality 	<ul style="list-style-type: none"> Certificate of Occupancy 	<ul style="list-style-type: none"> Certificate of Occupancy
Floor Plan	<ul style="list-style-type: none"> Floor plans of the facility 	<ul style="list-style-type: none"> Floor Plan 	<ul style="list-style-type: none"> Floor Plan



APPLICANT ENTITY PREQUALIFICATION APPLICATION INSTRUCTIONS

The application for a state operating license begins once the application fee is paid and the Applicant Entity Prequalification Application (AEPA) is filed by the applicant desiring a license.

AEPA

APPLICANT ENTITY PREQUALIFICATION APPLICATION CHECKLIST

This checklist indicates the required documents that need to be submitted to the Agency: attestations, disclosures, and supporting documentation. All supporting documentation referenced in the checklist (e.g. bank statements, tax returns, criminal history documents, etc.) need to remain separate from the attestations and disclosures.

ENTITY DEMOGRAPHICS (Applicant Entity)

Required under MCL § 333.27401

Indicate if the application is an “Initial Prequalification Application” or a “Refiled Application of Lapsed Prequalification” by checking the appropriate box.

License Types

Indicate the type of license and projected number for which the applicant entity intends to apply.

License Type	Description of License
Grower Class A	Grower license for 500 marijuana plants
Grower Class B	Grower license for 1,000 marijuana plants
Grower Class C	Grower license for 1,500 marijuana plants
Processor	License authorizes purchase of marijuana from a grower and sale of infused-products or marijuana to a provisioning center.
Secure Transporter	License authorizes storage and transportation of marijuana and associated money between facilities.
Provisioning Center	License authorizes the sale of marijuana to a registered qualifying patient or registered primary caregiver.
Safety Compliance Facility	License authorizes the facility to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.

See MCL § 333.27501 - § 333.27505.

Other License Application Affiliations

(1) For example, Green Something, LLC is the applicant entity, and is lending money to Green Somewhere, LLC:

Green Somewhere, LLC/ERGA-XX-XXXXXX	Provisioning Center	Money Lender	Yes
Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)

(2) For example, Green Something, LLC is the applicant entity, and Green Something, LLC is the supplemental entity of Green Somewhere, LLC:

Green Somewhere, LLC/ERGA-XX-XXXXXX	Provisioning Center	50%	No
Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)



If additional pages are needed to complete this section, please use the “ADDENDUM – ENTITY DEMOGRAPHICS.”

Demographic Information

In this section, provide information regarding the applicant entity.

1. **Entity Name:** Provide the name of the entity as the name appears on the official business documents/registration documents. This will be the name on the Articles of Incorporation/Organization, Operating Agreement, Charter, Bylaws, Partnership Agreement, Trust, or other official documents.
2. **Assumed Name:** List the assumed name(s) used in conducting business in relation to the entity seeking the state operating facility license. The assumed name(s) must be filed with Licensing and Regulatory Affairs, Corporations Division. For example, if “Green Something, LLC” is the entity but intends to do business as “Green Something Else,” the applicant is “Green Something, LLC” and the assumed name is “Green Something Else.”
3. **Entity Mailing Address:** Provide the mailing address for official correspondence for the entity. This address will be used by the Agency for official communication that requires use of the US mail. Indicate if the address is a P.O. Box.
4. **FEIN:** Provide the Federal Employer Identification Number (FEIN) for the entity seeking licensure.
5. **Entity Physical Address:** Provide the full physical address of the applicant, including suite or apartment number as appropriate. Do not list P.O. Boxes for the physical address, as they cannot be a physical address.
6. **Entity Email Address:** Provide an official entity email address or other frequently checked email that can be used for correspondence with the Agency, the application system, and the statewide medical marijuana monitoring system (METRC).
7. **Entity Website:** Provide the official website for the entity, if available.

Person Completing Application/Person Completing Online Form

Provide demographic information about the person completing the application. This can be the applicant itself, or the applicant may designate a professional to represent themselves such as an attorney or certified public accountant (CPA).

1. **Name:** Provide the name (first, middle, last) of the person completing the form.
2. **Affiliation with Entity:** Provide the association the person completing the form has with the applicant entity.
3. **Mailing Address:** Provide the mailing address for official correspondence for the person completing the form. Indicate if the address is a P.O. Box.
4. **Entity Name:** If applicable, provide the name of the business the person is representing (e.g. law firm, accounting firm, etc.).
5. **Regulatory License No.:** Provide the regulatory license number of the person completing the form, if applicable.
6. **Email Address:** Provide the email address of the person completing the form. This will be the address used to grant access to ACA if this person is authorized to be the contact for the entity.



SUPPLEMENTAL ENTITY PREQUALIFICATION APPLICATION INSTRUCTIONS

The application for a supplemental entity prequalification application (SEPA) is completed for an entity that has ownership in the applicant entity.

SEPA

SUPPLEMENTAL ENTITY PREQUALIFICATION APPLICATION CHECKLIST

This checklist indicates the required documents that need to be submitted to the Agency: attestations, disclosures, and supporting documentation. All supporting documentation referenced in the checklist (e.g. bank statements, tax returns, criminal history documents, etc.) need to remain separate from the attestations and disclosures.

ENTITY DEMOGRAPHICS (Supplemental Entity)

Required under MCL § 333.27401

Other License Application Affiliations

If the applicant is a supplemental applicant of or providing capital to another applicant entity under the Medical Marijuana Facilities Licensing Act, 2016 PA 281(MMFLA), please provide the following information (use related addendum if additional pages are necessary).

- (1) For example, Green Something, LLC is the supplemental entity, and is lending money to Green Somewhere, LLC:

Green Somewhere, LLC/ERGA-XX-XXXXXX	Provisioning Center	Money Lender	Yes
Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)

- (2) For example, Green Something, LLC is the supplemental entity, and Green Something, LLC is also the supplemental entity of Green Somewhere, LLC:

Green Somewhere, LLC/ERGA-XX-XXXXXX	Provisioning Center	50%	No
Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)

If additional pages are needed to complete this section, please use the “ADDENDUM – ENTITY DEMOGRAPHICS.”

Demographic Information

In this section, provide information regarding the supplemental entity.

1. **Entity Name:** Provide the name of the entity as the name appears on the official business documents/registration documents. This will be the name on the Articles of Incorporation/Organization, Operating Agreement, Charter, Bylaws, Partnership Agreement, Trust, or other official documents.
2. **Assumed Name:** List the assumed name(s) used in conducting business. The assumed name must be filed with Licensing and Regulatory Affairs, Corporations Division. For example, if “Green Enterprises, LLC” is the entity but intends to do business as “Green Acres,” the applicant is “Green Enterprises, LLC” and the assumed name is “Green Acres.”



3. **Entity Mailing Address:** Provide the mailing address for official correspondence for the entity. This address will be used by the Agency for official communication. Indicate if the address is a P.O. Box.
4. **FEIN:** Provide the Federal Employer Identification Number (FEIN) for the entity.
5. **Entity Physical Address:** Provide the full physical location of this facility, including suite or apartment number as appropriate. Do not list P.O. Boxes for the physical address. This can be different than the entity mailing address.
6. **Entity Email Address:** Provide an official entity email address or other frequently checked email that can be used for correspondence with the Agency, the application system, and the statewide medical marijuana monitoring system (METRC).
7. **Entity Website:** Provide the official website for the entity, if available.

Person Completing Application/Person Completing Online Form

Provide demographic information about the person completing the application. This can be the applicant itself, or the applicant may designate a professional to represent it such as an attorney or certified public accountant (CPA).

If the responsible person for application completion/person completing the online submission is an attorney or CPA, please provide the attorney's or CPA's professional license number in the appropriate box.

1. **Name:** Provide the name (first, middle, last) of the person completing the form.
2. **Affiliation with Entity:** Provide the association the person completing the form has with the entity.
3. **Mailing Address:** Provide the mailing address for official correspondence for the person completing the form. Indicate if the address is a P.O. Box.
4. **Entity Name:** Provide the name of the business the person is representing (e.g. law firm, accounting firm, etc.), if applicable.
5. **Regulatory License No.:** Provide the regulatory license number of the person completing the form, if applicable.
6. **Email Address:** Provide the email address of the person completing the form. This will be the address used to grant access to ACA if this person is authorized to be the contact for the entity.



Please be advised, Attestations A through F do not require a signature. The Acknowledgment of Attestations form contains the signature of the individual with authority to bind the entity and needs to be notarized for consent on all Attestations.

ATTESTATION A – ENTITY: ACKNOWLEDGMENT, AGREEMENT, & CONSENT

Authority for Request: MCL § 333.27402(4); MCL 333.27401(3)

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms the entity acknowledges the obligation to act in candor with the Agency and provide any requested additional documentation in a timely fashion; waives any claim of damages as a result of a marijuana facility application; attests that the entity has no interest prohibited by the MMFLA; affirms the entity's continuing duties; consents to inspections, searches, and seizures as required or allowed by the MMFLA and MMFLA Administrative Rules, consents to receive all service of process via electronic service as opposed to certified mail, and consents to the review of tax records under the Michigan Revenue Act.

ATTESTATION B – ENTITY: AUTHORIZATION TO RELEASE INFORMATION

Authority for Request: MCL § 333.27401

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms that the entity authorizes the release of information from: any and all courts, probation departments, selective service boards, employers, educational institutions, banks, financial institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic, for purposes of determining the applicant's eligibility for a marijuana facility license. The release of the information is valid during the pendency of the application with the Agency.

ATTESTATION C – ENTITY: VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

Authority for Request: MCL § 333.27402

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms that the entity has completed the application with full candor. If applicable, the entity authorizes an individual to be the representative and contact person for purposes of the licensure process with the Agency. The entity also affirms that it has no agreements with third parties in relation to an interest in the application or licensure process.

The first line of this attestation should be the name of the representative of the entity, and the second line should be the name of the applicant entity. The third line should be the name of the main contact for the entity.

If additional pages are needed to complete this section, please use the "ADDENDUM - ATTESTATION C: Additional Contacts."



ATTESTATION D – ENTITY: PERSON COMPLETING APPLICATION DISCLOSURES

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms that the person completing the application is responsible for the application completion and has no interest in the entity other than what is reported in the application. If the AEPA is being completed by the representative of the entity, please indicate N/A on the form and submit it with the AEPA.

ATTESTATION F – ENTITY: ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

Authority for Request: MCL § 333.27402

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms that the entity understands that a Michigan state operating license does not insulate or shield the entity from federal seizure and/or forfeiture and choosing to operate a marijuana facility is done so at the entity's own risk.

ACKNOWLEDGMENT OF ATTESTATIONS

Authority for Request: MCL § 333.27402

Please consult an attorney if you have any questions about the substance of this acknowledgment.

This acknowledgment must be completed by the individual with authority to bind the entity. This document must be completed in **BLUE** or **BLACK** ink only and signed in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

DISCLOSURE 1 – ENTITY: INFORMATION

Authority for Request: MCL § 333.27401; MCL § 333.27402(f)-(g)

The applicant must submit Disclosure 1 as part of its application.

This disclosure requests all information related to an entity applying for a medical marijuana facility license. All listed supporting documentation is required unless otherwise indicated.

(1) Entity Structure

Select the structure that aligns with the applicant. If the entity's structure is not provided in the list, select the "other" box and provide the structure in the blank provided.

(2) Entity Organizational Structure

Explain in the space provided, the entity's chain of command. An organization's chain of command refers to the company's hierarchy of reporting relationships from the bottom to top of who answers to whom. The Agency will accept a separate organizational chart but will not accept reference to other business documents (e.g. Operating Agreement, Bylaws, etc.).



(3) Entity Prior Names

Include prior business names of the entity for the past three years. If there are no prior business names, write “N/A” on the top line.

(4) Entity Prior Addresses

Include prior business addresses of the entity for the past three years. If there are no prior business addresses, write “N/A” on the top line.

Supplemental Documentation

The following supplemental documentation must accompany DISCLOSURE 1:

- **Official Business Registration Document:** From Michigan, or any other jurisdiction, this document should demonstrate the entity’s business registration status. The type of registration document should match the type of entity. For example, the Articles of Incorporation or Organization, or similar document that establishes the registration of the entity with its principal place of business. **Provide a certified or official copy of the document from the authority that authorized the business.** For further inquiry, business entities in Michigan can visit the LARA website under the Corporations Division link: <http://www.michigan.gov/corporations>.
- **Bylaws, Operating Agreement, or Other Governing Documents:** For a corporation, provide a copy of your current bylaws. For a limited liability company (LLC), provide a copy of your current operating agreement, if applicable. For other entities, please include the current copy of internal-working documents.
- **Certificate of Good Standing:** Provide a Certificate of Good Standing (or home state equivalent) from the business’ certifying authority. The entity is required to provide an official or certified copy of a good-standing document from an authority that certified the business. (e.g., state or county documentation demonstrating applicant is in good standing as a business with the authority). For further inquiry, business entities in Michigan can visit the LARA website under the Corporations Division link: <http://www.michigan.gov/corporations>.
- **Certificate of Assumed Name (if applicable):** If the entity conducts business under an assumed name, it must provide a copy of the filed Certificate of Assumed Name.
- **Organizational Structure:** If the entity has a hierarchy of authority, or a decision-making power structure, the entity must provide a copy of or description of the organizational structure.
 - Example 1: If the entity is a subsidiary of a corporation, please include information related to the parent corporation and any other subsidiary corporations of the same parent.
 - Example 2: If the entity is a corporation without subsidiaries but is a large organization with many levels of supervision and approval markers, include information related to the applicant’s authority structure.
- **Approval to Conduct Business Transactions in Michigan (if applicable):** For any entity whose principal operation exists outside of Michigan, the applicant is required to provide documentation of the entity’s approval to conduct business transactions in the State of Michigan.



For further inquiry, visit the LARA website under the Corporations Division link for information relating to Foreign Corporations: <http://michigan.gov/corporations>.

- **Trademark, Service Mark, or Insignia Registration Documents (if applicable):** If the entity has a preexisting trademark or insignia, the applicant must provide a copy of authenticating documents with this Disclosure.

In Michigan, mark registration is governed under the Trademarks and Service Marks Act, 1969 PA 242; MCL 429.31 *et seq.*, as amended. The Act provides for the registration of trademarks and service marks, prescribes the powers and duties of certain officers and agencies, and the remedies for infringement. The Act is modeled after the federal law governing trademarks known as the Lanham Act.

Trademark

Michigan defines a trademark as any word, name, symbol, or device, or any combination thereof, other than a trade name in its entirety, adopted and used by a person to identify their goods and distinguish them from similar goods made or sold by others. It normally appears on the product or its packaging.

Service Mark

Michigan defines a service mark as any word, name, symbol, or device, or any combination thereof, other than a trade name in its entirety, adopted and used by a person in the sale or advertising of services to identify *their services* and distinguish them from similar services of others. It normally appears on advertising for the services.

Trade Name

Michigan defines a trade name as any word or group of words used by any person to identify a sole proprietorship, firm, partnership, corporation, association, union, or other organization. A trade name is an actual or assumed name of a business entity, not a name for a specific product or service.

Insignia

Pursuant to Section 1 of the Registration of Names and Insignia Act, 1927 PA 281, MCL 430.1 *et seq.*, any association, lodge, order, fraternal society, beneficial association, or fraternal and beneficial society or association, historical, military or veteran's organization, labor union, foundation, federation, or any other society, organization, or association, degree, branch subordinate lodge or auxiliary thereof, whether incorporated, or unincorporated may register in the office of the administrator, a facsimile, duplicate, or description of its name, badge, button, decoration, charm, emblem, rosette, or other insignia.

- **Authorizing Resolution (if applicable):** Please include a copy of the entity's authorizing resolution.



DISCLOSURE 2A, PART 1 – ENTITY: OWNERSHIP INTERESTS

Authority for Request: MCL § 333.27401(1)(b)

The applicant must submit Disclosure 2A, Part 1 as part of its application.

Each individual or entity listed on Disclosure 2A, Part 1 must submit a prequalification application.

Please disclose entity ownership as follows:

1. For a partnership and limited liability partnership - All partners and their spouses.
2. For a limited partnership and limited liability limited partnership – All general partners and their spouses and limited partners holding a direct or indirect ownership interest more than 10%, and their spouses.
3. For a limited liability company - All members and managers holding a direct or indirect ownership interest more than 10%, and their spouses.
4. For a privately or publicly held corporation - All corporate officers or persons with equivalent titles and their spouses, all directors and their spouses, and all stockholders holding a direct or indirect ownership more than 10%, and their spouses.
5. For a multilevel ownership enterprise – Any entity or person that receives or has the right to receive more than 10% of the gross or net profit from the enterprise during any full or partial calendar or fiscal year.
6. For a nonprofit corporation – All individuals and entities with membership or shareholder rights in accordance with the articles of incorporation or the bylaws and their spouses.

If the person is an individual, identify the individual by name and title, address, indicate the percentage of ownership in the proposed medical marijuana facility, and the individual's social security number (SSN). If the person has a spouse, include the spouse's name and address.

If the person is an entity, identify the entity by name, address, indicate the percentage of ownership in the proposed medical marijuana facility, and the entity's federal employer identification number (FEIN).

If additional pages are needed to complete this section, please use "ADDENDUM DISCLOSURE 2A, PART 1 – ENTITY: OWNERSHIP INTERESTS."

DISCLOSURE 2A, PART 2 – ENTITY: ADDITIONAL OWNERSHIP INTERESTS

Authority for Request: MCL 333.27401(1)(b)

The applicant must submit Disclosure 2A, Part 2 as part of its application. If an applicant has no additional ownership interests, the applicant must indicate this on the disclosure.

A PREQUALIFICATION APPLICATION must be completed for each ownership interest, only if requested by the Agency or indicated below.

Please disclose additional entity ownership and indicate the person's role in the entity as follows:

1. For a limited partnership and limited liability limited partnership – All limited partners holding a direct or indirect ownership interest of 10% or less and their spouses.
2. For a limited liability company - All members holding a direct or indirect ownership interest of 10% or less and their spouses.



If the person is an individual, identify the individual by name and title, address, indicate the percentage of ownership, the individual's social security number (SSN), and the role and/or responsibility in the proposed medical marijuana facility. If the person has a spouse, include the spouse's name and address.

If the person is an entity, identify the entity by name, address, indicate the percentage of ownership in the proposed medical marijuana facility and the entity's federal employer identification number (FEIN), and the role and/or responsibility in the proposed medical marijuana facility.

If additional pages are needed to complete this section, please use "ADDENDUM DISCLOSURE 2A, Part 2 – ENTITY: ADDITIONAL OWNERSHIP INTERESTS."

DISCLOSURE 2B – ENTITY: INTERESTS OF PUBLIC OFFICIALS

Authority for Request: MCL 333.27401(1)(g)

The applicant must submit Disclosure 2B as part of its application. If an applicant has no interest of public officials, the applicant must indicate this on the disclosure.

Pursuant to MCL 333.27401(1)(g), the applicant must provide:

The names and titles of all public officials or officers of any unit of government, and the spouses, parents, and children of those public officials or officers, who, directly or indirectly, own any financial interest in, have any beneficial interest in, are the creditors of or hold any debt instrument issued by, or hold or have any interest in any contractual or service relationship with an applicant. As used in this subdivision, public official or officer does not include a person who would have to be listed solely because of his or her state or federal military service.

Provide the information below for each public official or officer of any unit of government who individually or through a listed family member have an interest:

1. List the name of the public official or officer of any unit of government and that individual's title.
2. Indicate by choosing yes or no if the interest is that of the public official or officer of any unit of government.
3. If yes, indicate the percentage of the financial or beneficial interest or indicate the capacity of the interest as a creditor of the applicant, the holder of any debt instrument issued by an applicant, or if the public official or officer holds or has any interest in any contractual or service relationship with the applicant.
4. If the interest is that of the spouse, parent, or child of the public official or officer of a unit of government:
 - a. List the name of the family member
 - b. State the relationship of the family member to the public official or officer of a unit of government
 - c. Provide the family member's date of birth
 - d. Provide the family member's address
 - e. Indicate the percentage of the financial or beneficial interest or indicate the capacity of the interest as a creditor of the applicant, as the holder of any debt instrument issued by an



- applicant, or family member holds or has any interest in any contractual or service relationship with the applicant
- f. Provide the family member's SSN or FEIN if the family member's interest is through the family member's business entity

DISCLOSURE 2D – ENTITY: MARIJUANA BUSINESS OWNERSHIP INTERESTS

Authority for Request: MCL 333.27401(1)(c)

The applicant must submit Disclosure 2D as part of its application. If an applicant has no marijuana business ownership interests, the applicant must indicate this on the disclosure.

Pursuant to MCL 333.27401(1)(c), the applicant must provide:

Identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marijuana, including, if applicable, the state of incorporation or registration, in which an applicant or, if the applicant is an individual, the applicant's spouse, parent, or child has any equity interest. If an applicant is a corporation, partnership, or other business entity, the applicant shall identify any other corporation, partnership, or other business entity that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marijuana in which it has any equity interest, including, if applicable, the state of incorporation or registration. An applicant may comply with this subdivision by filing a copy of the applicant's registration with the Securities and Exchange Commission if the registration contains the information required by this subdivision.

Provide the information as follows:

1. Indicate the name of the marijuana business entity
2. The percentage of interest of the marijuana business entity and the FEIN
3. The address of the marijuana business entity
4. The state of incorporation or registration and the license or registration number

An applicant may comply with this requirement by filing a copy of the applicant's registration with the Securities and Exchange Commission if the registration contains the information required by this Disclosure.

If additional pages are needed to complete this section, please use "ADDENDUM DISCLOSURE 2D – ENTITY: MARIJUANA BUSINESS OWNERSHIP INTERESTS."



DISCLOSURE 2E – ENTITY: OTHER INTERESTS

Authority for Request: MCL § 333.27102(c)

The applicant must submit Disclosure 2E as part of its application. If an applicant has no other interests, the applicant must indicate this on the disclosure.

A PREQUALIFICATION APPLICATION must be submitted for each ownership interest, only if requested by the Agency or indicated by the disclosure.

Pursuant to MCL 333.27102(c), with respect to disclosures or for purposes of ineligibility for a license under section 402 (MCL 333.27402), the term “applicant” includes an officer, director, and managerial employee of the applicant.

Pursuant to MCL 333.27303(1)(g) requires the disclosure of a list of the stockholders or other persons having a 1% or greater beneficial interest in the marijuana facility in addition to any other information the Agency considers necessary to effectively administer the MMFLA, rules, orders, and final decisions made under the MMFLA.

- (1) Please list all persons who are managerial employees of the applicant who have not otherwise been identified in a disclosure document. A prequalification application must be submitted.
- (2) Please list all persons holding an indirect ownership interest of more than 10% in the entity who have not otherwise been identified in a disclosure document. A prequalification application must be submitted.
- (3) Please list those persons who control, directly or indirectly, the applicant, and those persons who are controlled, directly or indirectly by the applicant or by a person who controls, directly or indirectly, the applicant who have not otherwise been identified in a disclosure document.
- (4) For a privately held corporation, please list all shareholders who have not otherwise been identified in a disclosure document.
- (5) For a publicly held corporation, please list all shareholders holding a direct or indirect interest of greater than 5% who have not otherwise been identified in a disclosure document.

Provide the information as follows:

1. The person/entity name
2. The address of the person/entity
3. The capacity of the person/entity
4. The SSN or FEIN of the person/entity

If additional pages are needed to complete this section, please use “ADDENDUM DISCLOSURE 2E – ENTITY: OTHER INTERESTS.”



DISCLOSURE 3A – ENTITY: FINANCIAL INFORMATION

Authority for Request: MCL 333.27401(1)(i)

The applicant must submit Disclosure 3A as part of its application. If an applicant has no financial accounts, the applicant must indicate this on the disclosure.

Provide the required information for each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution (foreign or domestic) in which the entity has or has had an account over the last 12-month period. Provide this information regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity.

Supplemental Documentation

The following supplemental documentation must accompany DISCLOSURE 3A:

- CPA attested financial statement including foreign attested CPA statement or its equivalent, if applicable, documenting the sources and total amount of the entity's capitalization or the entity's contribution, if any, to establishing the capitalization to operate and maintain the proposed marijuana facility, including any pecuniary interest, any deposit of value of the applicant, or made directly or indirectly to the applicant, or both. A CPA attested financial statement is not needed for a supplemental applicant entity that is not providing sources of capitalization for the applicant entity. Mortgage statements must be provided if mortgaged property is intended to be used as a source of capitalization for the proposed marijuana facility as well as the Broker's Price Opinion (BPO), appraisal, or document indicating State Equalized Value (SEV).
- Monthly (checking or regular savings) or quarterly statements (investments) for each listed account for the past twelve months. Please submit only one copy of statements for accounts that are jointly held by individuals.

For applicant entities, the financial statements should pertain to the entity's business practice. If the applicant is a new business with no financial accounts, the applicant should write "N/A."

If additional pages are needed to complete this section, please use "ADDENDUM DISCLOSURE 3A – ENTITY: FINANCIAL INFORMATION."



DISCLOSURE 3B – ENTITY: REAL PROPERTY INTERESTS

Authority for Request: MMFLA Administrative Rule R333.207 Rule 6 (3)(b)

The applicant must submit Disclosure 3B as part of its application. If an applicant has no real property interests, the applicant must indicate this on the disclosure.

Provide the required information for any real property in which the entity has an ownership interest or in which the entity has an interest related to the use of real property.

Supplemental Documentation

The following supplemental documentation must accompany Disclosure 3B:

- Deed, lease agreement, rental agreement, real estate trusts, purchase agreements, any document related to the exchange of anything of value for the use of real property, institutional investors, or any other document related to the property disclosed.

If additional pages are needed to complete this section, please use “ADDENDUM DISCLOSURE 3B – ENTITY: REAL PROPERTY INTERESTS.”

DISCLOSURE 4 – ENTITY: DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

Authority for Request: MCL 333.27402(3)(e)

The applicant must submit Disclosure 4 as part of its application. If an applicant has no history of other debt, insolvency, or bankruptcy actions, the applicant must indicate this on the disclosure.

If the applicant filed, or had filed against it, a proceeding for bankruptcy or has been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past seven years, provide the following information:

1. Date of filing
2. Name and location of the court that issued the order
3. Case number
4. Date of disposition
5. Disposition of the case (i.e. how the case was resolved)
6. Amount

Supplemental Documentation

The following supplemental documentation must accompany DISCLOSURE 4:

- Debt, insolvency, or bankruptcy order documents
 - a. Please make sure documentation indicates when the debt, insolvency, or bankruptcy order(s) was issued and resolved
- Explanation of debt, insolvency, or bankruptcy order

If additional pages are needed to complete this section, please use “ADDENDUM DISCLOSURE 4 – ENTITY: DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS.”



DISCLOSURE 5 – ENTITY: TAX & TAX COMPLIANCE

Authority for Request: MCL 333.27401(1)(f)

The applicant must submit Disclosure 5 as part of its application. If an applicant has no history of other tax compliance, the applicant must indicate this on the disclosure.

Provide the following information:

1. Indicate if the entity has filed all appropriate tax returns for the last seven years.
 - a. If tax returns have not been filed, provide an explanation.
2. List all jurisdictions the entity was subject to taxation for its business practices for the last seven years. Provide the jurisdiction and taxing agency, the type of tax, and the number of years filed for all jurisdictions listed.
 - a. Example: New, LLC formed in Michigan in June 2019. New, LLC has not yet filed taxes in any jurisdiction. New, LLC will conduct and transact business exclusively in Michigan. New, LLC will disclose that it will anticipate paying applicable taxes to the IRS, Michigan, and municipality.
3. Indicate if the entity has been served with a complaint or other notice filed with a public body regarding the delinquent payment of any tax required under federal state or local law.
 - a. If the entity has been served with a complaint or other notice, provide the jurisdiction and taxing agency, type of tax, tax period, amount of tax, date assessed, and current status (e.g. payment plan, released, paid in full).
4. Provide additional information or explanation regarding the entity's history of tax compliance that will assist in the processing of this application, if applicable.

Supplemental Documentation

The following supplemental documentation must accompany DISCLOSURE 5:

- **Tax returns for the past 3 years**
 - The applicant must provide a copy of the business tax returns for the past 3 years. This includes information related to any deduction, credit, forgiveness of indebtedness, or other release or modification of tax liability.
 - This documentation includes tax returns from any federal, state, local, or foreign jurisdiction in which the applicant conducted business. Entity applicants should provide these documents for its business practices.
- **Documents related to tax liens and/or tax delinquencies**
 - If the entity has any current or outstanding tax liability (lien or delinquency) for any jurisdiction, provide a copy of documentation related to the tax liability. This includes any information or documentation related to an offer in compromise or currently not collectable information. Provide documentation on when the tax liability was issued/resolved.
- **Explanation of tax liens and/or tax delinquencies**
 - For any tax liens and/or delinquencies listed, provide a detailed explanation of these liens and/or delinquencies.



If additional pages are needed to complete this section, please use “ADDENDUM DISCLOSURE 5 – ENTITY: TAX & TAX COMPLIANCE.”

DISCLOSURE 6 – ENTITY: GOVERNMENT REGULATION

Authority for Request: MCL§ 333.27402(3)(g)

The applicant must submit Disclosure 6 as part of its application. If an applicant has no history of other regulatory compliance, the applicant must indicate this on the disclosure.

Please provide the information as follows:

1. Indicate if the entity is subject to regulation by a public agency in any other jurisdiction.
2. Indicate if the entity has ever applied for or been granted any commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that have been denied restricted, suspended, revoked or not renewed.
3. If the answer is yes to questions one and/or two, list the name and jurisdiction of the public agency, the type of regulation, and the license number or other identifying number along with the action taken against the license and the reason for the action.
4. An explanation of the facts and circumstances concerning the denial, restriction, suspension, or nonrenewal.

Supplemental Documentation

The following supplemental documentation must accompany DISCLOSURE 6:

- Copy of any commercial licenses
- Copy of any comparable license from other jurisdictions

If additional pages are needed to complete this section, please use “ADDENDUM DISCLOSURE 6 – ENTITY: GOVERNMENT REGULATION.”



DISCLOSURE 8 – ENTITY: LITIGATION HISTORY

Authority for Request: MCL § 333.27402(3)(h)

The applicant must submit Disclosure 8 as part of its application. If an applicant has no history of litigation, the applicant must indicate so on the disclosure.

In sections 1 through 5, indicate yes or no to the related questions.

In section 6, the entity must provide the following information in relation to the entity's business practices or allegations of internal misconduct, pending or concluded, for the past seven years:

1. Docket/Case Number
2. Court Name
3. Court Location
4. Date of Filing
5. Cause of Action

Supplemental Documentation

The following supplemental documentation must accompany DISCLOSURE 8:

- Business Litigation Documents

If additional pages are needed to complete this section, please use “ADDENDUM DISCLOSURE 8 – ENTITY: LITIGATION HISTORY.”



SOLE PROPRIETOR PREQUALIFICATION APPLICATION INSTRUCTIONS

The application for a state operating license begins once the application fee is paid and the Sole Proprietor Prequalification Application (SPPA) is filed by the applicant desiring a license.

SPPA

SOLE PROPRIETOR PREQUALIFICATION APPLICATION CHECKLIST

This checklist indicates the required documents that need to be submitted to the Agency: attestations, disclosures, and supporting documentation. All supporting documentation referenced in the checklist (e.g. bank statements, tax returns, criminal history documents, etc.) need to remain separate from the attestations and disclosures.

SOLE PROPRIETOR DEMOGRAPHICS (Applicant Individual)

Required under MCL § 333.27401

Indicate if the application is an “Initial Prequalification Application” or a “Refiled Application of Lapsed Prequalification” by checking the appropriate box.

License Types

Indicate the type of license and projected number for which the applicant individual intends to apply.

License Type	Description of License
Grower Class A	Grower license for 500 marijuana plants
Grower Class B	Grower license for 1,000 marijuana plants
Grower Class C	Grower license for 1,500 marijuana plants
Processor	License authorizes purchase of marijuana from a grower and sale of infused-products or marijuana to a provisioning center.
Secure Transporter	License authorizes storage and transportation of marijuana and associated money between facilities.
Provisioning Center	License authorizes the sale of marijuana to a registered qualifying patient or registered primary caregiver.
Safety Compliance Facility	License authorizes the facility to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.

See MCL § 333.27501 - § 333.27505.

Other License Application Affiliations

If the applicant is a supplemental applicant of or providing capital to another applicant entity under the Medical Marijuana Facilities Licensing Act, 2016 PA 281(MMFLA), please provide the following information:

1. Entity Name/ERGA (IRGA – if sole proprietor)
2. License Type(s)
3. Interest/Involvement
4. Capital Contribution (Y/N)



- (1) For example, John Doe is the applicant individual, and is lending money to Green Somewhere, LLC:

Green Somewhere, LLC/ERGA-XX-XXXXXX	Provisioning Center	Money Lender	Yes
Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)

- (2) For example, John Doe is the applicant individual, and John Doe is also the supplemental applicant of Green Somewhere, LLC:

Green Somewhere, LLC/ERGA-XX-XXXXXX	Provisioning Center	50%	No
Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)

If additional pages are needed to complete this section, please use the “ADDENDUM – INDIVIDUAL DEMOGRAPHICS.”

Demographic Information

In this section, provide information regarding the applicant individual.

1. **Individual’s Name:** Provide the name of the applicant individual.
2. **Doing Business As (d/b/a):** List the d/b/a used in conducting business in relation to the individual seeking the state operating license. If “John Doe” is the individual but intends to do business as “Doe’s Great Provisioning Center,” “John Doe” is the applicant name and the d/b/a is “Doe’s Great Provisioning Center.” If there is no d/b/a, indicate “N/A.”
3. **Individual’s Mailing Address:** Provide the mailing address for official correspondence for the applicant individual. This address will be used by the Agency for official communication. Indicate if the address is a P.O. Box.
4. **SSN and D.O.B.:** Provide the Social Security Number (SSN), and the date of birth (D.O.B.) of the applicant individual.
5. **Individual’s Phone and Email Address:** Provide an official phone number and email address or other frequently checked email that can be used for correspondence with the Agency, the application system, and the statewide medical marijuana monitoring system (METRC).
6. **Business Mailing Address:** Provide the mailing address of this business, including suite or apartment number as appropriate. This can be different than the business physical address.
7. **Business Phone and Email Address:** Provide the official phone number and email address or other frequently checked email that can be used for correspondence with the Agency, the application system, and the statewide medical marijuana monitoring system (METRC).
8. **Business Website:** Provide the official website for the business, if available.
9. **Business Physical Address:** Provide the physical address of this business. Do not include P.O. Box numbers for the physical address.

Person Completing Application/Person Completing Online Form

Provide demographic information about the person completing the application. This can be the applicant itself, or the applicant may designate a professional to represent it such as an attorney or certified public accountant (CPA).

If the responsible person for application completion/person completing the online submission is an attorney or CPA, please provide the attorney’s or CPA’s professional license number in the appropriate box.



1. **Name:** Provide the name (first, middle, last) of the person completing the form.
2. **Affiliation with Individual:** Provide the association the person completing the form has with the applicant individual.
3. **Mailing Address:** Provide the mailing address for official correspondence for the person completing the form. Indicate if the address is a P.O. Box.
4. **Phone:** Provide the phone number of the person completing the application.
5. **Entity Name:** Provide the name of the business the person is representing (e.g. law firm, accounting firm, etc.), if applicable.
6. **Regulatory License No.:** Provide the regulatory license number of the person completing the form, if applicable.
7. **Email Address:** Provide the email address of the person completing the form. This will be the address used to grant access to ACA if this person is authorized to be the contact for the entity.



SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION APPLICATION **INSTRUCTIONS**

The application for a supplemental individual prequalification (SIPA) is completed for all supplemental applicants that have interest in an applicant entity.

SIPA

SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION APPLICATION CHECKLIST

This checklist indicates the required documents that need to be submitted to the Agency: attestations, disclosures, and supporting documentation. All supporting documentation referenced in the checklist (e.g. bank statements, tax returns, criminal history documents, etc.) need to remain separate from the attestations and disclosures.

INDIVIDUAL DEMOGRAPHICS (Supplemental Individual)

Required under MCL § 333.27401

Other License Application Affiliations

If the applicant is a supplemental applicant of or providing capital to another applicant entity under the Medical Marihuana Facilities Licensing Act, 2016 PA 281(MMFLA), please provide the following information:

1. Entity Name/ERGA (IRGA – if sole proprietor)
2. License Type(s)
3. Interest/Involvement
4. Capital Contribution (Y/N)

- (1) For example, John Doe is the supplemental individual, and is lending money to Green Somewhere, LLC:

Green Somewhere, LLC/ERGA-XX-XXXXXX	Provisioning Center	Money Lender	Yes
Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)

- (2) For example, John Doe is the supplemental individual of Green Something, LLC, and John Doe is also the supplemental individual of Green Somewhere, LLC:

Green Somewhere, LLC/ERGA-XX-XXXXXX	Provisioning Center	50%	No
Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)

If additional pages are needed to complete this section, please use the “ADDENDUM – INDIVIDUAL DEMOGRAPHICS.”



Demographic Information

In this section, provide information regarding the supplemental individual.

1. **Individual's Name:** Provide the name of the supplemental individual (First, Middle, Last).
2. **SSN and D.O.B.:** Provide the Social Security Number (SSN), and the date of birth (D.O.B.) of the supplemental individual.
3. **Individual's Mailing Address:** Provide the mailing address for official correspondence for the supplemental individual. This address will be used by the Agency for official communication. Indicate if the address is a P.O. Box.
4. **Individual's Phone:** Provide an official phone number that can be used for correspondence with the Agency, the application system, and the statewide medical marijuana monitoring system (METRC).
5. **Individual's Email Address:** Provide an official email address or other frequently checked email that can be used for correspondence with the Agency, the application system, and the statewide medical marijuana monitoring system (METRC).
6. **Individual's Physical Address:** Provide the physical address of this supplemental individual. Do not include P.O. Box numbers for the physical address.

Person Completing Application/Person Completing Online Form

Provide demographic information about the person completing the application. This can be the applicant itself, or the applicant may designate a professional to represent themselves such as an attorney or certified public accountant (CPA).

If the responsible person for application completion/person completing the online submission is an attorney or CPA, please provide the attorney's or CPA's professional license number in the appropriate box.

1. **Name:** Provide the name (first, middle, last) of the person completing the form.
2. **Affiliation with Individual:** Provide the association the person completing the form has with the supplemental individual.
3. **Mailing Address:** Provide the mailing address for official correspondence for the person completing the form. Indicate if the address is a P.O. Box.
4. **Entity Name:** Provide the name of the business the person is representing (e.g. law firm, accounting firm, etc.), if applicable.
5. **Regulatory License No.:** Provide the regulatory license number of the person completing the form, if applicable.
6. **Email Address:** Provide the email address of the person completing the form. This will be the address used to grant access to ACA if this person is authorized to be the contact for the entity.



ATTESTATION A – INDIVIDUAL: ACKNOWLEDGMENT, AGREEMENT, & CONSENT

Authority for Request: MCL § 333.27402(4); MCL 333.27401(3)

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms that the individual acknowledges the obligation to act in candor with the Agency and provide any requested additional documentation in a timely fashion; waives any claim of damages as a result of a marijuana facility application; attests that the individual has no interest prohibited by the MMFLA; affirms the applicant's continuing duties; consents to inspections, searches, and seizures as required or allowed by the MMFLA and MMFLA Administrative Rules, consents to receive all service of process via electronic service as opposed to certified mail, and consents to the review of tax records under the Michigan Revenue Act.

ATTESTATION B – INDIVIDUAL: AUTHORIZATION TO RELEASE INFORMATION

Authority for Request: MCL § 333.27401

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms that the individual authorizes the release of information from: any and all courts, probation departments, selective service boards, employers, educational institutions, banks, financial institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic, for purposes of determining the individual's eligibility for a marijuana facility license. The release of the information is valid during the pendency of the individual's application with the Agency.

ATTESTATION C – INDIVIDUAL: VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

Authority for Request: MCL § 333.27402

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms that the individual has completed the application with full candor. If applicable, the individual authorizes an individual to be the representative and contact person for purposes of the licensure process with the Agency. The individual also affirms that it has no agreements with third parties in relation to an interest in the application or licensure process.

The first line of this attestation should be the name of the main contact. The second and third line should be the email address and phone number of the main contact for the individual.

If additional pages are needed to complete this section, please use "ADDENDUM – ATTESTATION C: Additional Contacts."



ATTESTATION D – INDIVIDUAL: PERSON COMPLETING APPLICATION DISCLOSURES

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms that the person completing the application is responsible for the application completion and has no interest in the individual other than what is reported in the application. If the SIPA is being completed by the representative of the entity, please indicate N/A on the form and submit it with the SIPA.

ATTESTATION F – INDIVIDUAL: ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

Authority for Request: MCL § 333.27402

Please consult an attorney if you have any questions about the substance of this attestation.

This form affirms that the individual understands that a Michigan state operating license does not insulate or shield the entity from federal seizure and/or forfeiture and choosing to operate a marijuana facility is done so at the entity's own risk.

ACKNOWLEDGMENT OF ATTESTATIONS

Authority for Request: MCL § 333.27402

Please consult an attorney if you have any questions about the substance of this acknowledgment.

This acknowledgment must be completed by the individual. This document must be completed in **BLUE** or **BLACK** ink only and signed in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

DISCLOSURE 1 – INDIVIDUAL: INFORMATION

Authority for Request: MCL § 333.27401; MCL § 333.27402(f)-(g)

The individual must submit Disclosure 1 as part of the application. If the individual has no prior names or addresses, the individual must indicate this on the disclosure.

This disclosure requests all information related to an individual. All listed supporting documentation is required unless otherwise indicated.

(1) Doing Business As

Please provide the list of counties where the “Doing Business As” name has been filed. If there are no counties where the “Doing Business As” name has been filed or the applicant is not a sole proprietor, write “N/A.”

(2) Governmental Affiliation

Check yes or no whether the individual has any of the specified governmental affiliations.

Note: Under MCL 333.27402(2)(f), an applicant is ineligible to receive a license if the applicant holds an elective office of a governmental unit of this state, another state, or the federal



government; is a member of or employed by a regulatory body of a governmental unit in this state, another state, or the federal government; or is employed by a governmental unit of this state. This provision *does not* apply to an elected officer of or employee of a federally recognized Indian tribe.

The provision also *does not* apply to an elected precinct delegate.

Under MCL 333.27301(12) An executive director, or key employee shall not hold any direct or indirect interest in, be employed by, or enter into a contract for services with an applicant, a board licensee, or a marijuana facility for a period of 4 years after the date his or her employment or membership on the board terminates. “Key Employee” as determined by LARA, includes any person employed with the Marijuana Regulatory Agency Facilities Licensing Division.

(3) Individual’s Prior Names

Include information pertaining to the individual’s prior names for the past three years. If there are no prior names, write “N/A” on the top line.

(4) Individual’s Prior Addresses

Include information pertaining to the individual’s addresses for the past three years. If there are no prior addresses, write “N/A” on the top line.



DISCLOSURE 2B – INDIVIDUAL: INTERESTS OF PUBLIC OFFICIALS

Authority for Request: MCL 333.27401(1)(g)

The individual must submit Disclosure 2B as part of the application. If the individual has no interest of public officials, the individual must indicate this on the disclosure.

Pursuant to MCL 333.27401(1)(g), the applicant must provide:

The names and titles of all public officials or officers of any unit of government, and the spouses, parents, and children of those public officials or officers, who, directly or indirectly, own any financial interest in, have any beneficial interest in, are the creditors of or hold any debt instrument issued by, or hold or have any interest in any contractual or service relationship with an applicant. As used in this subdivision, public official or officer does not include a person who would have to be listed solely because of his or her state or federal military service.

Provide a Disclosure 2B form for each public official or officer of any unit of government who individually or through a listed family member have a listed interest:

1. List the name of the public official or officer of any unit of government and that individual's title.
2. Indicate by choosing yes or no if the interest is that of the public official or officer of any unit of government.
3. If yes, indicate the percentage of the financial or beneficial interest or indicate the capacity of the interest as a creditor of the applicant, the holder of any debt instrument issued by an applicant, or if the public official or officer holds or has any interest in any contractual or service relationship with the applicant.
4. If the interest is that of the spouse, parent, or child of the public official or officer of a unit of government:
 - a. List the name of the family member
 - b. State the relationship of the family member to the public official or officer of a unit of government
 - c. Provide the family member's date of birth
 - d. Provide the family member's address
 - e. Indicate the percentage of the financial or beneficial interest or indicate the capacity of the interest as a creditor of the applicant, as the holder of any debt instrument issued by an applicant, or family member holds or has any interest in any contractual or service relationship with the applicant
 - f. Provide the family member's SSN or FEIN if the family member's interest is through the family member's business entity



DISCLOSURE 2D – INDIVIDUAL: MARIJUANA BUSINESS OWNERSHIP INTERESTS

Authority for Request: MCL 333.27401(1)(c)

The individual must submit Disclosure 2D as part of the application. If the individual has no marijuana business ownership interests, the individual must indicate this on the disclosure.

Pursuant to MCL 333.27401(1)(c), the applicant must provide:

Identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marijuana, including, if applicable, the state of incorporation or registration, in which an applicant or, if the applicant is an individual, the applicant's spouse, parent, or child has any equity interest. If an applicant is a corporation, partnership, or other business entity, the applicant shall identify any other corporation, partnership, or other business entity that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marijuana in which it has any equity interest, including, if applicable, the state of incorporation or registration. An applicant may comply with this subdivision by filing a copy of the applicant's registration with the Securities and Exchange Commission if the registration contains the information required by this subdivision.

Disclose any equity interest of the individual, the individual's spouse, parent or child in any other business that is directly or indirectly involved in the ***growing, processing, testing, transporting, or sale of marijuana***.

Provide the information as follows:

1. Name of the marijuana business entity
2. State of incorporation or registration and the license or registration number
3. Address of the marijuana business entity
4. FEIN
5. Individual's name and relationship to applicant
6. Percentage of interest of the marijuana business entity
7. SSN

An applicant may comply with this requirement by filing a copy of the applicant's registration with the Securities and Exchange Commission if the registration contains the information required by this Disclosure.

If additional pages are needed to complete this section, refer to "ADDENDUM DISCLOSURE 2D – INDIVIDUAL: MARIJUANA BUSINESS OWNERSHIP INTERESTS."



DISCLOSURE 2E – INDIVIDUAL: OTHER INTERESTS

Authority for Request: MCL § 333.27102(c)

This form only needs to be completed if individual is a sole proprietor.

A PREQUALIFICATION APPLICATION must be submitted for each ownership interest, only if requested by the Agency or indicated below.

Pursuant to MCL 333.27102(c), with respect to disclosures or for purposes of ineligibility for a license under section 402 (MCL 333.27402), the term “applicant” includes an officer, director, and managerial employee of the applicant.

Pursuant to MCL 333.27303(1)(g) requires the disclosure of a list of the stockholders or other persons having a 1% or greater beneficial interest in the marijuana facility in addition to any other information the Agency considers necessary to effectively administer the MMFLA, rules, orders, and final decisions made under the MMFLA.

- (1) Please list all persons who are managerial employees of the applicant individual who have not otherwise been identified in a disclosure document. A prequalification application must be submitted.
- (2) Please list those persons who control, directly or indirectly, the applicant, and those persons who are controlled, directly or indirectly by the applicant or by a person who controls, directly or indirectly, the applicant who have not otherwise been identified in a disclosure document.

Provide the information as follows:

1. The name of the person/entity
2. The address of the person/entity
3. The capacity of the person/entity
4. The SSN or FEIN of the person/entity

If additional pages are needed to complete this section, refer to “ADDENDUM DISCLOSURE 2E – INDIVIDUAL: OTHER INTERESTS.”



DISCLOSURE 3A – INDIVIDUAL: FINANCIAL INFORMATION

Authority for Request: MCL 333.27401(1)(i)

The individual must submit Disclosure 3A as part of the application. If the individual has no financial accounts, the individual must indicate this on the disclosure.

Provide the required information for each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution (foreign or domestic) in which the entity has or has had an account over the last 12-month period. Provide this information regardless of whether such account was held in the name of the individual, was otherwise under the direct or indirect control of the individual.

Supplemental Documentation

The following supplemental documentation must accompany DISCLOSURE 3A:

- CPA attested financial statement including foreign attested CPA statement or its equivalent, if applicable, documenting the sources and total amount of the entity's capitalization or the entity's contribution, if any, to establishing the capitalization to operate and maintain the proposed marijuana facility, including any pecuniary interest, any deposit of value of the applicant, or made directly or indirectly to the applicant, or both. A CPA attested financial statement is not needed for a supplemental applicant entity that is not providing sources of capitalization for the applicant entity. Mortgage statements must be provided if mortgaged property is intended to be used as a source of capitalization for the proposed marijuana facility as well as a Broker's Price Opinion (BPO), appraisal, or document indicating State Equalized Value (SEV).
- Monthly (checking or regular savings) or quarterly statements (investments) for each listed account for the past twelve months. Please submit only one copy of statements for accounts that are jointly held by individuals.

If additional pages are needed to complete this section, refer to "ADDENDUM DISCLOSURE 3A – INDIVIDUAL: FINANCIAL INFORMATION."



DISCLOSURE 3B – INDIVIDUAL: REAL PROPERTY INTERESTS

Authority for Request: MMFLA Administrative Rule R333.206 Rule 6 (3)(b)

The individual must submit Disclosure 3B as part of the application. If the individual has no real property interests, the individual must indicate this on the disclosure.

Provide the required information for any real property in which the individual has an ownership interest or in which the individual has an interest related to the use of real property if the property is intended to be used as a source of capitalization for the proposed marijuana facility or intended to be used as the physical location for the proposed marijuana facility.

Supplemental Documentation

The following supplemental documentation must accompany Disclosure 3B:

- Deed, lease agreement, rental agreement, real estate trusts, purchase agreements, any document related to the exchange of anything of value for the use of real property, institutional investors, or any other document related to the property disclosed

If additional pages are needed to complete this section, refer to “ADDENDUM DISCLOSURE 3B – INDIVIDUAL: REAL PROPERTY INTERESTS.”

DISCLOSURE 4 – INDIVIDUAL: DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

Authority for Request: MCL 333.27402(3)(e)

The individual must submit Disclosure 4 as part of the application. If the individual has no history of other debt, insolvency, or bankruptcy actions, the individual must indicate this on the disclosure.

If the individual filed, or had filed against it, a proceeding for bankruptcy or has been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past seven years, provide the following information:

1. Date of filing
2. Name and location of the court that issued the order
3. Case number
4. Date of disposition
5. Disposition of the case (i.e. how the case was resolved)
6. Amount

If additional pages are needed to complete this section, refer to “ADDENDUM DISCLOSURE 4 – INDIVIDUAL: DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS.”

Supplemental Documentation

The following supplemental documentation must accompany Disclosure 4:

- Debt, insolvency, or bankruptcy order documents
- Explanation of debt, insolvency, or bankruptcy order



DISCLOSURE 5 – INDIVIDUAL: TAX & TAX COMPLIANCE

Authority for Request: MCL 333.27401(1)(f)

The individual must submit Disclosure 5 as part of the application. If the individual has no history of other tax compliance, the individual must indicate this on the disclosure.

Provide the following information as follows:

1. Indicate if the individual has filed all appropriate tax returns for the last seven years.
 - a. If tax returns have not been filed, provide an explanation.
2. List all jurisdictions the individual was subject to taxation for the last seven years. Provide the jurisdiction and taxing agency, the type of tax, and the number of years filed for all jurisdictions listed.
3. Indicate if the individual has been served with a complaint or other notice filed with a public body regarding the delinquent payment of any tax required under federal state or local law.
 - a. If the individual has been served with a complaint or other notice, provide the jurisdiction and taxing agency, type of tax, tax period, amount of tax, date assessed, and current status (e.g. payment plan, released, paid in full).
4. Additional information or explanation regarding the individual's history of tax compliance that will assist in the processing of this application, if applicable.

If additional pages are needed to complete this section, refer to “ADDENDUM DISCLOSURE 5 – INDIVIDUAL: TAX & TAX COMPLIANCE.”

Supplemental Documentation

The following supplemental documentation must accompany Disclosure 5:

- Tax returns for the past 3 years
 - The individual must provide a copy of income tax returns for the past 3 years. This includes information related to any deduction, credit, forgiveness of indebtedness, or other release or modification of tax liability.
 - This documentation includes tax returns from any federal, state, local, or foreign jurisdiction in which the applicant conducted business.
- W2s/1099s and/or Schedule K-1s for the past 3 years or an explanation if these forms do not exist
- Documents related to tax liens and/or tax delinquencies
- Explanation of tax liens and/or tax delinquencies
 - For any tax liens and/or delinquencies listed, provide a detailed explanation of these liens and/or delinquencies.



DISCLOSURE 6 – INDIVIDUAL: GOVERNMENT REGULATION

Authority for Request: MCL§ 333.27402(3)(g)

The individual must submit Disclosure 6 as part of the application. If the individual has no history of other regulatory compliance, the individual must indicate this on the disclosure.

Please provide the information as follows:

1. Indicate if the individual is subject to regulation by a public agency in any other jurisdiction
2. Indicate if the individual has ever applied for or been granted any commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that have been denied restricted, suspended, revoked or not renewed.
3. If the answer is yes to questions one and/or two, list the name and jurisdiction of the public agency, the type of regulation, and the license number or other identifying number along with the action taken against the license and the reason for the action.
4. A summary of the facts and circumstances concerning the denial, restriction, suspension, or nonrenewal.

Supplemental Documentation

The following supplemental documentation must accompany Disclosure 6:

- Copy of any commercial licenses
- Copy of any comparable license from other jurisdictions

If additional pages are needed to complete this section, refer to “ADDENDUM DISCLOSURE 6 – INDIVIDUAL: GOVERNMENT REGULATION.”



DISCLOSURE 7 – INDIVIDUAL: CRIMINAL HISTORY

Authority for Request: MCL 333.27401(1)(d), MCL 333.27402(4), MMFLA Administrative Rule R333.206 Rule 6 (4)(b)

The individual must submit Disclosure 7 as part of the application. If the individual has no criminal history, the individual must indicate so on the disclosure.

***** Fingerprinting will be required through a third party. After submission of prequalification documents, await further instruction from the Agency on when and where to be fingerprinted *****

The individual must disclose all criminal history information. Any intentional, accidental omission, or misrepresentation may result in the application being delayed or denied. It is in the individual's best interest to disclose information about which the applicant is uncertain.

Criminal History Questions

- (1) The individual must indicate if they have been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere (no contest) to, or forfeited bail under the laws of any jurisdiction (state, federal, or foreign) concerning any felony criminal offense or a misdemeanor involving a controlled substance, dishonesty, theft, or fraud, **not including traffic violations**, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise.
- (2) The individual must indicate if they have been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state, whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise.
- (3) The individual must indicate if they have ever been arrested, been charged, been indicted, been convicted, pled nolo contendere (no contest), forfeit bail concerning an offense, had a criminal record expunged, or been incarcerated.
- (4) Provide the following information for all arrests, charges, indictment, and convictions:
 - a. Arrest/Charge/Indictment/Conviction
 - b. Date
 - c. Arresting Agency
 - d. Name and Location of Court
 - e. Case Caption
 - f. Case or Docket Number
 - g. Disposition

Supplemental Documentation

The following supplemental documentation must accompany Disclosure 7:

- Evidence of charge/dismissal/conviction/expungement
 - An example of this is the Register of Actions.
- Parole or probation information

If additional pages are needed to complete this section, refer to “ADDENDUM DISCLOSURE 7 – INDIVIDUAL: CRIMINAL HISTORY.”



DISCLOSURE 8 – INDIVIDUAL: LITIGATION HISTORY

Authority for Request: MCL § 333.27402(3)(h)

The individual must submit Disclosure 8 as part of the application. If the individual has no history of litigation, the individual must indicate so on the disclosure.

In sections 1 through 5, indicate yes or no to the related questions.

In section 6, the individual must provide the following information in relation to the individual's business practices or allegations of internal misconduct, pending or concluded, for the past seven years:

1. Docket/Case Number
2. Court Name
3. Court Location
4. Case Caption
5. Date of Filing
6. Cause of Action

Supplemental Documentation

The following supplemental documentation must accompany Disclosure 8:

- Business Litigation Documents

If additional pages are needed to complete this section, refer to “ADDENDUM DISCLOSURE 8 – INDIVIDUAL: LITIGATION HISTORY.”



MEDICAL MARIJUANA FACILITY LICENSE APPLICATION INSTRUCTIONS

Step Two: License Application

The second step in the application process is called the “license application.” In the Facility License Application (FLA), the applicant will identify the specific facility for which they are applying (grower, processor, provisioning center, safety compliance facility, or secure transporter) and provide information and supporting documentation specific to the license sought. If applying for more than one facility license, a separate FLA will need to be completed.

Medical Marijuana Facility License Application Document Checklist

This checklist indicates the required documents that need to be submitted to the Agency: attestations and supporting documentation. All supporting documentation referenced in the checklist (e.g. bank statements, tax returns, criminal history documents, etc.) need to remain separate from the attestations and disclosures.

FACILITY DEMOGRAPHICS

MCL 333.27205(1)-(3).

BUSINESS PREMISES

Authority for Request: MCL 333.27205(1)-(3).

Provide the following demographic information for the entity/individual seeking licensure. This information should be consistent with the demographic information provided in step one, except for information regarding the specific proposed marijuana facility.

1. **Entity Name & Record Number:** Provide the name and record number of the applicant applying for a state operating license. Please note the record number is the FLA number located in ACA.
2. **Assumed Name/Doing Business As:** List the assumed name used in conducting business in relation to the entity/individual seeking the marijuana facility license. The assumed name must be filed with Licensing and Regulatory Affairs, Corporations Division.
3. **License Type:** Indicate the type of license that the applicant is applying.
4. **Other State Operating Licenses:** Indicate Yes or No. If yes, identify the MMFL types and ACA record numbers.
5. **Entity Physical Address:** Provide the physical address of the applicant.
6. **FEIN/SSN:** Provide the Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
7. **Entity Phone Number:** Provide the entity’s phone number.
8. **Entity Mailing Address:** Provide the entity’s mailing address.
9. **Entity Email Address:** Provide the entity’s email address (if applicable).
10. **Business Open Date:** Provide the date that the facility opened for business. If the facility has not yet opened, write “N/A.”
11. **Estimate Income:** Check the appropriate box for the estimated income of the facility.
12. **Is this location currently licensed or the subject of another facility license application:** Indicate Yes or No. If yes, identify the current applicant entity or license.



PERSON COMPLETING APPLICATION

Enter demographic information about the person completing the FLA.

This can be the applicant itself, or the applicant may designate a professional to represent it such as an attorney or certified public accountant (CPA).

If the person completing the application/person completing the online form is the same person as entered in the demographic information section above, provide this information again.

If the responsible person for application completion/person completing the online form is an attorney or CPA, please provide the attorney's or CPA's professional license number in the appropriate box.

FACILITY INSPECTION INFORMATION

1. Indicate if the facility is ready for inspection by the MRA enforcement team and Bureau of Fire Services (BFS).
2. Indicate if the facility is ready for plan review by BFS (growers and processors only).

If the facility is not ready, provide an anticipated date or provide a timeline of when the facility will be ready for inspections and/or plan review.

The following business plans must be included with the application:

Marijuana Facility Plan

- Submit a marijuana facility plan providing the information required in MMFLA Administrative Rule R333.209 Rule 9. Please note, the facility plan must include a floor plan.

Technology Plan

- Provide a description/supporting documentation demonstrating the applicant's technology plan including (1) any third-party systems being used to interface with METRC; and (2) systems and procedures for internal loss/theft/destruction reporting.

Staffing Plan

- Provide a description/supporting documentation of the applicant's staffing plan.

Inventory & Recordkeeping Plan

- Provide a description/supporting documentation of the applicant's plan for acquiring, storing, and transporting medical marijuana products. Also, provide a description of how inventory records will be maintained.

Marketing Plan

- Provide a description/supporting documentation of the applicant's advertising and marketing plan.

The following additional required documents must be included with the application:

- Deed or Lease Agreement
- Certificate of Occupancy
- Letter sent to Municipality w/Certified Mail Receipt
- Municipality Ordinance
- Documents Related to Transfer/Ownership (if applicable)



MUNICIPALITY INFORMATION

Provide information related to the municipality of the business:

1. **Name of Local Governing Municipality:** Applicant is to provide the name of the city, township, or village where the applicant will operate the proposed marijuana facility.
2. **Municipal Authority Address:** Applicant is to provide the address of the local municipal authority. The address may correspond to a municipal clerk, municipal attorney, or other municipal authority who is authorized to carry out the municipal requirements of the MMFLA.
3. **Contact Person for Municipality:** Provide the name of the municipal clerk or his or her designee who is authorized to carry out the municipal requirements of the MMFLA (e.g., municipal clerk, municipal attorney).
4. **Municipality's Email Address:** Provide the email address of the municipal clerk or his or her designee who is authorized to carry out the municipal requirements of the MMFLA (e.g., municipal clerk, municipal attorney).
5. **Date of Municipal Application:** If the municipality where the applicant seeks to operate has an application process, provide the date which applicant applied for a license or approval with the municipality (Format: mo/dd/year).
6. **Municipality Phone:** Provide the contact phone number of the named municipal contact.
7. **County of Business:** Provide the county name where applicant will operate the proposed marijuana facility.
8. **Business Location Zoning Category:** Provide the zoning category or special use permit information about where applicant will operate the proposed marijuana facility.
9. **Municipality Notice Sent via Certified Mail:** The applicant is required to notify the municipality that it is applying for a state marijuana facility license. The applicant MUST do this via certified mail within 10 days of its application for a state operating license. Indicate whether this task has been or will be completed by selecting yes or no.
10. **Date Municipality Notice sent via Certified Mail:** Provide the date that the notice was sent to the municipality.

PROOF OF FINANCIAL RESPONSIBILITY

A facility can use cash, insurance policy, or surety bond to fulfill the responsibility requirement. Use this section to indicate which of the following is being used to demonstrate proof of financial responsibility for liability of bodily injury resulting from manufacture, distribution, transportation, or sale of adulterated marijuana or marijuana-infused product.

If cash is being used, provide the following information in the appropriate boxes:

1. Name
2. Amount reserved
3. Financial institution name
4. Account Number

Please note, the amount must not be less than \$100,000. If cash is being used Attestation J does not need to be submitted.



ATTESTATION G: ACKNOWLEDGMENT AND CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

Please consult an attorney if you have any questions about the substance of this attestation.

In this attestation, the applicant acknowledges the obligation to act in candor with the Agency and provide any requested additional documentation in a timely fashion; attests that the application information related to the municipality is complete and accurate, attests to notifying the municipality as required, and consents to inspections, searches, and seizures as required or allowed by the MMFLA and MMFLA Administrative Rules.

ATTESTATION H: APPLICANT'S INTEREST & EXPERIENCE ATTESTATION

Please consult an attorney if you have any questions about the substance of this attestation.

In this attestation, the applicant attests and affirms that the applicant will meet the requirements for the specific state operating license for which the applicant is applying.

ACKNOWLEDGMENT OF ATTESTATIONS

Authority for Request: MCL § 333.27402

Please consult an attorney if you have any questions about the substance of this acknowledgment.

This acknowledgment must be completed by the individual with authority to bind the entity. This document must be completed in **BLUE** or BLACK ink only and signed in the presence of a notary public. A handwritten signature is REQUIRED on this form. An electronic signature is insufficient and will not be accepted.

ATTESTATION I: CONFIRMATION OF SEC. 205 COMPLIANCE

This attestation must be signed by the municipal clerk or their designee and submitted by the applicant (representative of the entity). This document must be completed and signed in **BLUE** or BLACK ink only and must be signed in the presence of a notary public. A handwritten signature is REQUIRED on this form. An electronic signature is insufficient and will not be accepted.

Please consult an attorney if you have any questions about the substance of this attestation.

In this attestation, the municipal clerk attests and affirms that the applicant is in compliance with the municipal ordinance requirement of section 205 of the Medical Marihuana Facilities Licensing Act, 2016 PA 281 and is provided in the administrative rules enacted pursuant to the MMFLA.

The municipality further attests that an ordinance has been adopted under section 205 of the MMFLA, the applicant is in compliance with the ordinance, has municipal authorization to operate, and had a certificate of occupancy or certificate of occupancy equivalent.



ATTESTATION J: CONFIRMATION OF SEC. 408 COMPLIANCE

Please consult an attorney if you have any questions about the substance of this attestation.

This attestation must be completed by the representative with authority to bind the entity. Part A must be completed by the agent or designee of the insurance company or bonding company who has the authority to bind the company, signed in **BLUE** or **BLACK** ink only in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

In this attestation, the insurance company or bonding company attests that the insurance or bond issued is in compliance with MMFLA MCL 333.27408. Part B is signed by the applicant and the applicant attests that the applicant is submitting the attestation in compliance with MCL 333.27408.

CONSENT TO PUBLISH PUBLIC CONTACT INFORMATION

This document must be completed by the individual with authority to bind the entity, completed in **BLUE** or **BLACK** ink only and signed in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

This form is optional and is to be filled out if the applicant/proposed licensee consents to public contact information being posted on the Marijuana Regulatory Agency (MRA) website upon licensure to make it easier for the public to communicate with licensees. If the applicant/proposed licensee consents to this, check the appropriate boxes for the information about the public contact being provided.



ADDITIONAL DOCUMENTS

These documents are to be used on an as needed basis.

CPA ATTESTATION FORM

The CPA Attestation form is an optional form that can be used to determine capitalization for the applicant entity. This form was designed to comply with Mich. Admin. Code, R 333.212, and requires a separate balance sheet to be submitted along with the form.

The certified public accountant “CPA” may provide their attestation in an alternate format of their choice, if it complies with Mich. Admin. Code, R 333.212.

This form affirms the assertion that the applicant entity meets the minimum capitalization requirements for the proposed state operating license(s) based on the CPA’s examination. This document must be signed by the CPA and an individual with authority to bind the entity. The document must be completed in **BLUE** or **BLACK** ink only. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

STATEMENT OF MONEY LENDER FORM

The Statement of Money Lender form is to be used by persons lending money to an applicant entity for a state operating license to meet the capitalization requirements of Administrative Rule 12. This document must be completed in **BLUE** or **BLACK** ink only and signed in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

The Statement of Money Lender Form includes two pages that must be submitted together.

Instructions on completing Page 1 of the form:

State Operating License Applicant Information

In this section, provide information for the applicant which the individual or entity is lending money.

1. **Applicant Name:** Provide the name of the applicant entity.
2. **Application Prequalification Number** (if known): List the application prequalification number for the applicant entity (e.g. ERGA/ERG#).
3. **Applicant FEIN/SSN:** Provide the Federal Employer Identification Number (FEIN) for the entity or the Social Security Number if the applicant is a sole proprietor.
4. **Applicant Contact Person in Reference to This Form:** Provide the name of the contact person for this form.
5. **Contact Phone:** Provide the phone number of the contact person for this form.



Money Lender Demographic Information

In this section, provide information regarding the individual or entity that is lending money to the applicant entity.

1. **Money Lender's Name:** Provide the name of the individual or entity that is lending money to the applicant entity.
2. **Money Lender's Member/Director/Officer's Full Name and Title:** If the money lender is an entity, provide the full name and title of the entity's member, director or officer.
3. **FEIN/SSN:** Provide the Federal Employer Identification Number (FEIN) for the entity or the Social Security Number of the individual providing capitalization to the applicant entity.
4. **DOB:** Provide the date of birth for the individual lending money to the applicant entity.
5. **Business Address:** If the money lender is an entity, provide the address where the business is located.
6. **Phone Number:** Provide the phone number of the individual/entity lending money to the applicant entity.
7. **Mailing Address:** Provide the mailing address of the individual/entity lending money to the applicant entity.
8. **Email Address:** Provide the email address of the individual/entity lending money to the applicant entity.

Loan Information

In this section, provide the information about the money being lent to the applicant's facility.

1. **Describe in detail the type of instrument securing the line of credit or debt and provide a copy of the instrument with the form:** Provide information for the type of instrument securing the line of credit/loan to the entity. For example, if the line of credit is secured by a promissory note, put "promissory note" in the description. Please note, a promissory note or other type of securing instrument is required for all capital that is not directly in the applicant entity's name.
2. **Amount of the Loan:** Provide the amount of the line of credit/loan that is being provided to the applicant entity.
3. **Will the money lender have an interest in the marijuana facility, other than as a lender for the line of credit or as a creditor for the debt?:** Provide the answer to this question in the appropriate checkboxes. If the answer is yes, question number 4 is required to be answered.
4. **State the nature of the interest the money lender will have in the marijuana facility:** This question is required only if the answer to question 3 is "yes." Provide the nature of the interest the money lender will have in the facility. For example, the money lender is also a 15% member of the applicant entity.
5. **Does the money lender have an interest in any other marijuana-related licenses or applications for marijuana-related licenses in any state?:** Provide the answer to this question by checking the appropriate checkboxes. If the answer is "yes," the interest that the money lender has in other marijuana-related licenses or application need to be explained.



Instructions on completing Page 2 of the form:

MONEY LENDER'S ACKNOWLEDGEMENT, CONSENT, AND ATTESTATION

This page of the form affirms that the money lender is responsible for the submission of the form and agrees to comply with the Medical Marijuana Facilities Licensing Act (MMFLA), as well as provide any information or documentation that may be required by the Marijuana Regulatory Agency (MRA). This form is required to be signed by the money lender and the money lender's spouse in the presence of a notary public.

CONSENT TO PUBLISH PUBLIC CONTACT INFORMATION

This document must be completed by the individual with authority to bind the entity. This document must be completed in **BLUE** or **BLACK** ink only and signed in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

This form is optional and is to be filled out if the applicant/proposed licensee consents to public contact information being posted on the Marijuana Regulatory Agency (MRA) website upon licensure to make it easier for the public to communicate with licensees. If the applicant/proposed licensee consents to this, check the appropriate boxes for the information about the public contact being provided.



AMEND AN APPLICATION/FACILITY LICENSE (AMENDMENTS)

ENTITY: CHANGE OF OWNERSHIP

The applicant entity/licensee must submit this form if there are any changes in the ownership structure of the entity. This document must be submitted with the appropriate supporting documentation listed on the form. If the Agency requires further information regarding the change of ownership to the entity, they will reach out to the appropriate contact for the entity. If there are any questions regarding change of ownership, please contact the Medical Facilities Licensing Section at MRA by calling (517)-284-8599 or emailing MRA-Applications@michigan.gov.

On this form, the following information must be provided:

- 1.) **Entity Name and Record Number:** Provide the name of the entity and the record name. For example, ABC Industries, LLC/ERG-0123456.
- 2.) **Assumed Name (if applicable):** Provide the assumed name of the entity, if applicable.
- 3.) **Initial Application File Date:** Indicate in the appropriate checkbox the initial application file date.
- 4.) **Change of Ownership File Date:** Provide the date that the ownership change was filed/is being filed.
- 5.) **Proposed Restructure of Entity:** All documents listed in this section, must be submitted along with the Change of Ownership form unless, they do not apply to the proposed change. Indicate all the documents that are being provided by checking the appropriate box.
- 6.) **Removal of Applicant:** If an applicant is being removed from the application, provide the name of the person(s) no longer meeting the definition of applicant.
- 7.) **Does this change affect the entity capitalization?:** Indicate in the appropriate checkbox if the proposed change in ownership affects the entity capitalization. If “yes” is selected, new capitalization documents will need to be submitted (CPA Attestation, Statement of Money Lender Form, Promissory Note/Line of Credit Documents, etc.)

Person Completing Form

- 1.) **Name:** Provide the name of the person completing the form.
- 2.) **Affiliation with Entity:** Provide the affiliation that the person completing the form has with the applicant entity.
- 3.) **Email Address:** Provide the email address of the person completing the form.
- 4.) **Phone:** Provide the phone number of the person completing the form.



ENTITY: PURCHASING A BUSINESS

The applicant/licensee must submit this form if the entity is purchasing a business. This document must be submitted with the appropriate supporting documentation listed on the form. If the Agency requires further information regarding the purchase of a business, they will reach out to the appropriate contact for the entity.

The purchase of a business can include an entity purchase, an asset purchase or both. An entity purchase includes items such as the business name or FEIN. An asset purchase includes the purchase of items such as real estate, inventory, facility fixtures, etc. If there are any questions regarding the purchase of a business, please contact the Medical Facilities Licensing Section at MRA by calling (517)-284-8599 or emailing MRA-Applications@michigan.gov.

On this form, the following information must be provided:

- 1.) **Entity Name and Record Number(s) Making Purchase:** Provide the name of the entity that is making the purchase and the record number or record number(s) of the entity. For example, ABC Industries, LLC/ERG-012345 & PC-123456.
- 2.) **Assumed Name (if applicable):** Provide the assumed name of the entity, if applicable.
- 3.) **Entity Name and Record Number(s) Being Purchased:** Provide the name of the entity that is being purchased and the record number or record number(s) of the entity.
- 4.) **Purchase Date:** Provide the date of the proposed purchase.
- 5.) **Will this purchase be an entity purchase and/or an asset purchase?:** Indicate the type of purchase in the provided checkboxes.
- 6.) **Required for Entity Purchase:** Provide the documents that are listed in this section.
- 7.) **Required for Asset Purchase:** Provide the documents that are listed in this section.
- 8.) **Will the entity have new ownership that has not been prequalified?:** Indicate “yes” or “no” in the provided checkboxes.
- 9.) **Please check the appropriate status of the entity being purchased. Is the entity already licensed, have a pending facility license application or awaiting public investigative hearing on a denied application?:** Indicate the answer to this question in the provided checkboxes. If the entity has a license number, provide that in the space provided.

Person Completing Form

- 1.) **Name:** Provide the name of the person completing the form.
- 2.) **Affiliation with Entity:** Provide the affiliation that the person completing the form has with the applicant entity.
- 3.) **Email Address:** Provide the email address of the person completing the form.
- 4.) **Phone:** Provide the phone number of the person completing the form.



LICENSED ENTITY: CHANGE IN LOCATION

The licensee must submit this form if the licensed entity is changing locations. This document must be submitted with the appropriate supporting documentation listed on the form. If the Agency requires further information regarding the change of location, they will reach out to the appropriate contact for the licensed entity.

The change of location for a licensed entity results in the issuance of a new license and requires payment of the regulatory assessment for the new license. If there are any questions regarding the change of location for a licensed entity, please contact the Medical Facilities Licensing Section at MRA by calling (517)-284-8599 or emailing MRA-Applications@michigan.gov.

On this form, the following information must be provided:

- 1.) **Entity Name and License Number:** Provide the name of the entity that is changing locations and the license number of the entity. For example, ABC Industries, LLC/GR-C-123456.
- 2.) **Assumed Name (if applicable):** Provide the assumed name of the entity, if applicable.
- 3.) **Current Physical Address:** Provide the current physical address of the entity.
- 4.) **New Physical Address:** Provide the proposed physical address of the entity.
- 5.) **Proposed Change of Location:** Provide the documents that are listed in this section.
- 6.) **Reason for Change of Location:** Provide an explanation for the proposed change of location.
- 7.) **Will the new address be sharing locations with a licensed marijuana facility?:** Indicate “yes” or “no” in the provided checkboxes. If the answer is “yes”, answer the question below indicating if the two facilities share the same ownership.

Person Completing Form

- 1.) **Name:** Provide the name of the person completing the form.
- 2.) **Affiliation with Entity:** Provide the affiliation that the person completing the form has with the applicant entity.
- 3.) **Email Address:** Provide the email address of the person completing the form.
- 4.) **Phone:** Provide the phone number of the person completing the form.



RENEW A FACILITY LICENSE

MEDICAL MARIJUANA STATE OPERATING LICENSE RENEWAL INSTRUCTIONS

The expiration date of a state operating license is 1 year from the approval date of the original license. The renewal application and all required documentation must be submitted online through the Accela Citizens Access (ACA) Portal located at: <https://aca3.accela.com/MIMM>. Further instructions regarding how to create an ACA renewal application record will be provided to the licensee when the license is nearing its expiration date.

Please note, state operating licenses are not renewed until the renewal application has been approved, the renewal fee has been paid, and the renewed physical state operating license has been received.

If you have questions or concerns regarding renewal, you may contact the Medical Facilities Licensing Section by calling (517)-284-8599 or emailing MRA-Applications@michigan.gov.

MEDICAL MARIJUANA STATE OPERATING LICENSE RENEWAL CHECKLIST

This checklist indicates documents that need to be submitted to the Agency to process the renewal. These documents include the required attestations and supporting documents. Other documents referenced on the checklist are required to be submitted only if there have been changes to the original application. For example, if the entity has added a bank account, the licensee must then provide an updated Disclosure 3A and provide all available bank statements.

ATTESTATION I - RENEWAL: CONFIRMATION OF SEC. 205 COMPLIANCE

This attestation must be signed by the municipal clerk or their designee and submitted by the applicant (representative of the entity). This document must be completed and signed in **BLUE** or **BLACK** ink only and must be signed in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

Please consult an attorney if you have any questions about the substance of this attestation.

In this attestation, the municipal clerk attests and affirms that the licensee applicant is in compliance with the municipal ordinance requirement of section 205 of the Medical Marijuana Facilities Licensing Act, 2016 PA 281 and is provided in the Administrative Rules enacted pursuant to the MMFLA.

The municipality further attests that an ordinance has been adopted under section 205 of the MMFLA, and the applicant is in compliance with the ordinance and has not committed a violation of the ordinance.



ATTESTATION J - RENEWAL: CONFIRMATION OF SEC. 408 COMPLIANCE

This attestation must be completed by an individual with authority to bind the licensee applicant. Part A must be completed by the agent or designee of the insurance company or bonding company who has the authority to bind the company, signed in **BLUE** or BLACK ink only in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

Please consult an attorney if you have any questions about the substance of this attestation.

In this attestation, the insurance company or bonding company attests that the insurance or bond issued is in compliance with MMFLA MCL 333.27408. Part B is signed by the individual with authority to bind the licensee applicant, and attests that the applicant is submitting the attestation in compliance with MCL 333.27408.

ATTESTATION K – RENEWAL: CONFIRMATION OF MMFLA AND RULE COMPLIANCE

This attestation must be completed by an individual with authority to bind the licensee applicant for renewal. This document must be completed and signed in **BLUE** or BLACK ink only and must be signed in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted.

Please consult an attorney if you have any questions about the substance of this attestation.

In this attestation, the licensee applicant for renewal attests that the information provided to renew all licenses is current, complete, true and accurate. Furthermore, this document attests that the licensee has fulfilled all obligations under MMFLA and the Administrative Rules and is ready and able to continue conducting its marijuana facility in compliance with the MMFLA and the Administrative Rules.

ATTESTATION L – RENEWAL: SAFETY COMPLIANCE FACILITY CONFIRMATION OF RULE 47(9)(B) AND SECTION 505(4)(g) COMPLIANCE

This attestation must be completed by an individual with authority to bind the licensee applicant for renewal. This document must be completed and signed in **BLUE** or BLACK ink only and must be signed in the presence of a notary public. A handwritten signature is **REQUIRED** on this form. An electronic signature is insufficient and will not be accepted. This attestation only needs to be completed by Safety Compliance Facilities.

Please consult an attorney if you have any questions about the substance of this attestation.

In this attestation, the licensee applicant for renewal attests that the licensee is in compliance with R 333.247 of the Administrative Rules and Section 505(4)(g) of the Medical Marijuana Facilities Licensing Act, 2016, PC 281 (MMFLA), and attests that all required tests for potency and contaminants are performed and that the licensee received required ISO accreditation for the identified tests. Furthermore, the licensee applicant for renewal attests that the licensee retains and employs at least 1 staff member with the relevant advanced degree in a medical or laboratory science as required by Section 505(4)(g) of the MMFLA.



GLOSSARY/DEFINITION OF TERMS

For a full list of statutory definitions, refer to Sec. 102 of 2016 P.A. 281; MCL § 333.27102 and the Marijuana Regulatory Agency, Medical Marijuana Facilities Licensing Act Administrative Rules. Rules and statutory documents are available at: www.michigan.gov/mmfl

AEPA.....Applicant Entity Prequalification Application.

Applicant.....A person who applies for a state operating license. With respect to disclosures in an application, or for purposes of ineligibility for a license under section 402, the term applicant includes an officer, director, and managerial employee of the applicant and a person who holds any direct or indirect ownership interest in the applicant. MCL § 333.27102(c).

Building.....Means a combination of materials forming a structure affording a facility or shelter for use or occupancy by individuals or property. Building includes a part or parts of the building and all equipment in the building. A building shall not be construed to mean a building incidental to the use for agricultural purposes of the land on which the building is located.

Employee.....Means a person performing work or service for compensation.

FLA.....Facility Licensing Application.

Municipality.....A city, township, or village. MCL § 333.27102(m).

Representative of the Entity.....A person with authority to bind the entity.

SEPA.....Supplemental Entity Prequalification Application.

SIPA.....Supplemental Individual Prequalification Application.

SPPA.....Sole Proprietor Prequalification Application.

Mailing Instructions:

If enclosing payment with your application, mail to:

Marijuana Regulatory Agency
Medical Marijuana Facility Licensing
P.O. Box. 30205
Lansing, MI 48909

In Person:

Marijuana Regulatory Agency
Medical Marijuana Facility Licensing
2407 North Grand River Avenue
Lansing, MI 48906